b. CITY (If outside corporate limits, give TOWNSHIP only) No CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN C. FULL NAME OF (I NOT in hospital, give location) Length of stoy in 1b C. FULL NAME OF (I NOT in hospital, give location) Reside on I Yes No CITY OR TOWN C. FULL NAME OF (I NOT in hospital, give location) Reside on I Yes No CITY ADDRESS AND CATE OR MORIA Day Year OR TABLE OR MORIA DAYE OR TABLE OR MORIA DAY (I Gourse I Govern) Nomity OR TABLE OR CITY OR TABLE OR MORIA Day Year OR TABLE OR MORIA Day Year No DATE OR MORIA Day Year OR TABLE OR MORIA DAY Year No DATE OR MORIA DAY OR TABLE OR MORIA DAY OR TABLE OR MORIA OR MORIA Nomity OR SERIES OR MORIA OR MORIA Nomity OR SERIES OR MORIA OR MORIA Nomity OR SERIES OR MORIA			THE DIVISION OF HE		2341	12213
1. PLACE OF DEATH COUNTY Description District No. Description Description Description Description Descri	, FIFT DEC 2'	7 1956 224	STANDARD CERTIF	ICATE OF DEATH	901	
a. COUNTY b. CITY (If ourside capacite limits, give TOWNSHIP only) Inside Limits OR College of the College of	TILL DEC S	Registration Distri	ct No. 30-4-65 P,		****	Registrar's No
OR TOWN CALLADING. OR TOW		Monite	au ·	11		(Yes - # admission)
NOSPITAL OR NOTWITTON Nospital Nospi	OR D	corporate limits, give TO	~ /	OR	aletarnia	Inside Limit
TOPE OF THE RINE (Type or print) (Type	HOSPITAL OR	(I) NOT in hospital, give	ocation) Length of stay in 1b	d. SIKEEI	(If outside, give	Reside on F
10. USIAL OCCUPATION (Gize kind of work done during most of working life, even if refired in the during most of working life, even if refired in the during most of working life, even if refired in the during most of working life, even if refired in the during most of working life, even if refired in the during most of working life, even if refired in the during most of working life, even if refired in the during most of working life, even if refired in the during most of working life, even if refired in the during most of working life, even if refired in the latest life life life life life life life life	DECEASED	First ATHERINE	. Middle ANN	HODGE	OF 🖍	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED IN U. S. AFREYSKE 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. WAS DECEASED IN U. S. AFREYSKE 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. WAS CAUSED BY 18. CAUSE OF DEATH (Enter only one cause of Use for (a). (b). and (c).] 18. CAUSE OF DEATH (Enter only one cause of Use for (a). (b). and (c).] PART 1. DEATH WAS CAUSED BY INMEDIATE CAUSE (a) A NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED 19. WAS AUTOPSY PERFOR	5. SEX 6	white v	VIDOWED DIVORCED	aug. 7.19	952 last birthday)	donthe Days Hours Mis
15. WAS DECEASED EVER IN U. S. ARMED FORMES! 16. SOCIAL SECURITY NO. 17. INFORMANT	during most of worki	Give kind of work done 106. ng life, even if retired)	KIND OF BUSINESS OR INDUSTRY	Santa Ba	ebara Cal.	2. CITIZEN OF WHAT COUNTRY?
18. CAUSE OF DEATH Enter only one cause and IDE for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A V B REAL BROSIS INTERVAL BETWEE PAST AND DEAT WHICH PART (a) DUE TO (b) DUE TO (c) DUE TO (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT SUICIDE HOMICIDE 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. TIME OF Ifour Month, Day, Year INJURY a. m. p.m. 20d. INJURY OCCURRED DUE TO (c) Injury (c. g., in or choul home, leaves at leave of the past of the best of my knowledge, from the causes at a 22d. SIGNASURA 23d. ENGASURA 22d. NAME OF CEMETERY OR CREMATORY 22d. LOCATION 22d. LOCATION (Sign)	Walte	r Hodge	υ	Lattie	Bolden	
18. CAUSE OF DEATH [Enter only one cause at the for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Mich gave rise to above cause (a), stating the under- lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) DUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) DUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) DUE TO (c) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED YES NO 20c. TIME OF Hour. Month, Day, Year INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF Hour. Month, Day, Year INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED WORK ON MONTH OF COUNTY STATEMAN OF COUNTY PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART III. OTHER SIGNIFICANT ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED. 19. WAS		IN U. S. ARMED FORTES? yes, give war or datafor service)	16. SOCIAL SECURITY NO.	Walter,	Hodges	California !
which gare rise to above cause (a). Stating the underly light cause last. Due To (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a, m, p, m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT NOT WHILE I farm, factory street, office bidg., etc.) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT about home. 20f. City. Town. OR LOCATION COUNTY STATEMENT OF THE CAUSES STATEMENT OF TH	PART 1. DEATH IM Conditions, if a	WAS CAUSED BY: MEDIATE CAUSE (a)	ANOREAT	Tie Fi	BROSIS	CONGENET
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMEDT 10. 1	which gave ris above cause t stating the un	e to (a), der-	•		er er i i i i i i i i i i i i i i i i i	
20c. TIME OF Hour Month, Day, Year INJURY a. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 21. I attended the deceased from Month, Day, Year and last saw her alive on Death occurred at Month occurred at	PART II. OTHER	SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(a)	PERFORMED?
INJURY a. m. p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE farm, factory; street, office bldg., etc.) 21. I attended the deceased from County State Death occurrent at Degree or title Degree or title 22a. SIGNATURE County County County Degree or title Degree or title Degree or title 23a. SUBJANCE County County County PRACOVAL (Specific) A 2 - 20 - 1950 Catholic County California.	17:L	1	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of inju	ry in Part I or Part II of ite	m 18.)
WHILE AT ONLY WHILE I SATE SIGNATURE 21. I attended the deceased from ACC on the date stated above; and to the best of my knowledge, from the causes at a 22a. SIGNATURE 22a. SIGNATURE (Degree or title) 22b. ADPRESS 22c. DATE SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY PRADVAL REPRESS (State) (State) (State) (State)		·	. •		* -	
Death occurrent at	WHILE AT NOT	WHILE [] farm, face	INJURY (e. g., in or about home tory, street, office bldg., etc.)	, 20/. CITY, TOWN, OR LO	CATION CO	UNTY STA
23a. Eugial Ergénétion 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) 23d. LOCATIO	Death occurre	tai ZAM			Early last saw him ally	ge, from the causes sta
Burial 12-20-1956 Catholic Centery California Mo	226. SIGNASURE	Bour	in D.O.	2 225 DERESS	ruia_	12/18/
24: Funeral Director ADDRESS 25. DATE RECO BY SCALARG. 26. JEGISTRAR'S SIGNATURE ALLO CONTROL OF CALABRAS CALABRAS MO. 12 20 57	23a. BUDIAL, CREMATION, PREMOVAL (Specify)	12-20-1950	Catholie (Eucetery (alefarnia	county) (State)
	24: FUNERAL DIRECTOR	ADDRES	pruig Ma. 1	ATE RECO. BY SCALAEG.	Z / EGISTRAR'S SIGNAT	operor

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is recorded on th	e reverse	side of this certificate was	i ei
ъу	me, or by	•••••	., Student Embalmer No	
wo	rking under my personal supervision			

Licensed Embalmer No. 35

P. O. Address Lalefaru

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.