607

606

LOS ANGELES COUNTY
HEALTH DEPARTMENT

This is to certify that this is a true copy of the document filed in this office.

K. H. Sutherland M.D.

County Health Officer and Local Registrar of Vital Statistics

Date: **June 26, 1962**

Certification;

☑ Fee paid $2.00

☐ ~~Free~~

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7097 9918

1a. NAME OF DECEASED—FIRST NAME: Joseph	1b. MIDDLE NAME: Johoness	1c. LAST NAME: Miller	2a. DATE OF DEATH—MONTH, DAY, YEAR: May 28, 1962 — 2b. HOUR: 9:50 A M
3. SEX: Male — 4. COLOR OR RACE: White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska	6. DATE OF BIRTH: September 16, 1890	7. AGE (LAST BIRTHDAY): 71 YEARS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HOURS: HOURS, MINUTES
8. NAME AND BIRTHPLACE OF FATHER: John Miller, Germany	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Fannie Lambertus, Germany	10. CITIZEN OF WHAT COUNTRY: U. S. A.	11. SOCIAL SECURITY NUMBER: Unknown
12. LAST OCCUPATION: Maintenance — 13. NUMBER OF YEARS IN THIS OCCUPATION: Unknown	14. NAME OF LAST EMPLOYING COMPANY OR FIRM: Unknown	15. KIND OF INDUSTRY OR BUSINESS: Unknown	
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE: WW I	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	18a. NAME OF PRESENT SPOUSE: Louisa Miller	18b. PRESENT OR LAST OCCUPATION OF SPOUSE: Housewife
19a. PLACE OF DEATH—NAME OF HOSPITAL: Veterans Administration Hospital	19b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 5901 E. 7th St.	☐ INSIDE CITY CORPORATE LIMITS — X OUTSIDE CITY CORPORATE LIMITS	
19c. CITY OR TOWN: Long Beach Rural	19d. COUNTY: Los Angeles	19e. LENGTH OF STAY IN COUNTY OF DEATH: 6 Days	19f. LENGTH OF STAY IN CALIFORNIA: 7 YEARS
20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 7912 LaCosta Circle	20b. IF INSIDE CITY CORPORATE LIMITS: X CHECK HERE — IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: ☐ ON A FARM ☐ NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE): Records - V. A. Hosp.	
20c. CITY OR TOWN: Buena Park	20d. COUNTY: Orange — 20e. STATE: California	21b. ADDRESS OF INFORMANT: 5901 E. 7th St. Long Beach, Calif.	
22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM VA 5-22-62 TO 5-28-62 AND THAT I LAST SAW THE DECEASED ALIVE ON VA 5-28-62	22c. PHYSICIAN OR CORONER—SIGNATURE: A. de Mola, M.D.	DEGREE OR TITLE: M.D.	
22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION, AUTOPSY, INQUEST ON THE REMAINS OF DECEASED AS REQUIRED BY LAW	22d. ADDRESS: (A. de Mola, M.D.) V.A. Hosp., Long Beach, Cal.	22e. DATE SIGNED: 5-28-62	
23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial — 24. DATE: Shipped 5/31/62	25. NAME OF CEMETERY OR CREMATORY: Pinedale Cemetery Pinedale, Wyoming	26. EMBALMER—SIGNATURE (IF BODY EMBALMED) — LICENSE NUMBER: [signature] 4051	
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Dilday Mortuary	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: MAY 31 1962	29. LOCAL REGISTRAR—SIGNATURE: K. H. Sutherland M.D. [signature] Hamilton	

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Acute coronary insufficiency	Hours
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST — DUE TO (B)	Coronary arteriosclerosis, severe	Months
DUE TO (C)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Old myocardial infarction with ventricular aneurysm

31. OPERATION—CHECK ONE: XX NO OPERATION PERFORMED ☐ OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

32. DATE OF OPERATION:

33. AUTOPSY—CHECK ONE: ☐ NO AUTOPSY PERFORMED XX AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:

34b. DESCRIBE HOW INJURY OCCURRED:

35a. TIME OF INJURY: HOUR MONTH DAY YEAR M

35b. INJURY OCCURRED: ☐ WHILE AT WORK ☐ NOT WHILE AT WORK

35c. PLACE OF INJURY:

35d. CITY, TOWN, OR LOCATION — COUNTY — STATE