

CERTIFICATE OF DEATH

1089

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME Calvin		1b. MIDDLE NAME Anderson		1c. LAST NAME Black		2a. DATE OF DEATH—MONTH, DAY, YEAR March 2, 1972		2b. HOUR, P.M. 7:05 P.			
3. SEX Male	4. COLOR OR RACE Cauc.	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tennessee	6. DATE OF BIRTH Sept. 21, 1903		7. AGE (LAST BIRTHDAY) 68 YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES		
8. NAME AND BIRTHPLACE OF FATHER John H. Black, Tennessee				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Josie Carpenter, Tennessee							
10. CITIZEN OF WHAT COUNTRY U.S.A.		11. SOCIAL SECURITY NUMBER 557-18-8020		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		13. NAME OF SURVIVING SPOUSE (IF WIFE ENTER MAIDEN NAME) Ruby Ross					
14. LAST OCCUPATION Gem Cutter		15. NUMBER OF YEARS IN THIS OCCUPATION 17		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED) Self Employed		17. KIND OF INDUSTRY OR BUSINESS Gem Mfg. & Retail Sales					
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY D.O.A. Barstow Community Hospital			18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 555 S. 7th Street			18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes					
18d. CITY OR TOWN Barstow			18e. COUNTY San Bernardino			18f. LENGTH OF STAY IN COUNTY OF DEATH 19 YEARS		18g. LENGTH OF STAY IN CALIFORNIA 43 YEARS			
19a. USUAL RESIDENCE—(STREET ADDRESS (IF CITY AND NUMBER) OR LOCATION) 42 Miles North of 15. Hwy. 15 on Ghost Town Road				19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) No		20. NAME AND MAILING ADDRESS OF INFORMANT Ruby Black (wife) P.O. Box 91 Yermo, California					
19c. CITY OR TOWN Yermo			19d. COUNTY San Bernardino		19e. STATE California						
21a. CORONER—(HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE VIEWED ON THE REMAINS OF DECEASED AS REQUIRED BY LAW) invest.		21b. PHYSICIAN—(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 [] TO [] AND [] LAST DAY IN THE YEAR [] 7/29/69 3/2/72 1/5/72		21c. PHYSICIAN OR CORONER—(SIGNATURE AND TITLE) Coroner Bill Hill by [Signature] 3/3/72		21d. DATE SIGNED 3/3/72		21e. ADDRESS 316 E. Buena Vista Barstow, Ca. 91381			
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial		22b. DATE March 8, 1972		23. NAME OF SOCIETY OR CREMATORY Daggett Pioneer Mem. Cem. Daggett, Ca.		24. EMBALMER—(SIGNATURE (IF EMBALMED); LICENSE NUMBER) Gerald E. Flier 4741		24. EMBALMER—(SIGNATURE (IF EMBALMED); LICENSE NUMBER) Gerald E. Flier 4741			
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) O'Donnell Funeral Home			26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) Yes		27. LOCAL REGISTRAR—(SIGNATURE) M. P. Grand, M.A./M.		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR 3-6-72				
29. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE. (A) Arteriosclerotic & hypertensive heart disease DUE TO OR AS A CONSEQUENCE OF		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 yrs			
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		(B)									
DUE TO OR AS A CONSEQUENCE OF		(C)									
30. PART II: OTHER SIGNIFICANT CONDITIONS—(CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I) Diabetes mellitus; gout.						31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATING AND/OR BIOPSY) No		32a. AUTOPSY (SPECIFY YES OR NO) No		32b. IF YES, WERE FINDINGS CORRELATED IN DE TERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) No	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			34. PLACE OF INJURY (SPECIFY HOME FROM FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR		
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (FEET OR MILES)		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)		
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)											
STATE REGISTRAR		A	B	C	D	E	F				



I hereby certify that this is a true copy of the record if the seal of this office is impressed in purple ink -----

Errol S. Mackzum
ERROL S. MACKZUM
 Auditor-Recorder
 San Bernardino County, Calif.

SEP 19 1985