

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

### CERTIFICATE OF DEATH STATE OF CALIFORNIA

0190-046963

STATE FILE NUMBER		LOCAL REGISTRATION DATE AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)
Kathryn	J.	Swindel	October 16, 1982
2B. HOUR	1847		
3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
Female	White	American	February 23, 1914
7. AGE	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		
68	Ohio		
9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
Giuseppe Antonucci - Italy	Maria Unk. - Italy		
11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	085-18-2343	Widowed	None
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Laundry Supervisor	20	Champion Laundry	Laundry Business
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
3003 Leeward Ave. #311		Los Angeles	
19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Los Angeles	California	Lillian Quinn - Daughter	
21A. PLACE OF DEATH		21B. COUNTY	21C. CITY OR TOWN
Temple Community Hospital		Los Angeles	Los Angeles, CA. 90005
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
235 No. Hoover Street		Los Angeles	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			
IMMEDIATE CAUSE			
(A)	Adeno-carcinoma Colon		
(B)	Metastatic Follicle		
(C)			
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
None		Yes	
24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
No		Yes	
26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
No		None	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)		James P. Meltzer M.D.	10-17-82
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28D. PHYSICIAN'S LICENSE NUMBER	
6-16-82 8820 Wilshire Blvd. Beverly Hills, CA.		G-11398	
29. SPECIFY ACCIDENT, SUICIDE, ETC.			
None			
30. PLACE OF INJURY		31. INDUSTRY WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR
			4-29-82
32B. HOUR		32C. DATE SIGNED	
		6-11-82	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION)			
35B. CORONER—SIGNATURE AND DEGREE OR TITLE			
35C. DATE SIGNED			
36. DISPOSITION		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE	
Cremation		Not Embalmed	
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Oct. 19, 1982		Pasadena Crematorium, Pasadena, Calif.	
40. NAME OF FEDERAL DIRECTOR (OR PERSON ACTING AS SUCH)			
Armstrong Family 360			
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
[Signature]		OCT 19 1982	
A.	B.	C.	D.

01-9-1-0784

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

AUG 16 2012



\* 001823052 \*



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PENCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE