

# COUNTY OF HUMBOLDT

## Eureka, California 95501

STATE FILE NUMBER		CERTIFICATE OF DEATH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				1200 372	
DECEDENT PERSONAL DATA	1A. NAME OF DECEASED—FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME		2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR	
	MARVIN	FREDERICK	ROCK		June 23, 1962	12:25 P.M.	
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HOURS	
	Male	White	Nebraska	July 28, 1919	42	YEARS	
	8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	
Fred Rock, Neb.		Myrtle Hinkle, Neb.		U.S.A.	554-28-8392		
PLACE OF DEATH	12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)		15. KIND OF INDUSTRY OR BUSINESS		
	Factory employee	4 yrs.	The Pacific Lumber Co.		Lumbering		
	16. WAS DECEASED EVER IN U.S. ARMED FORCES. GIVE WAR OR DATES OF SERVICE.	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		18A. NAME OF PRESENT SPOUSE		18B. PRESENT OR LAST OCCUPATION OF SPOUSE	
	W.W. II	Married		Betty Rock		Housewife	
	19A. PLACE OF DEATH—NAME OF HOSPITAL	19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER!)			19C. CITY OR TOWN		19D. COUNTY
Redwood Memorial Hospital	Renner Drive			Fortuna		Humboldt	
LAST USUAL RESIDENCE (WHERE DIED DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER!)	20B. IF INSIDE CITY CORPORATE LIMITS CHECK ONE:		21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE)			
	728 Rigby Avenue	<input type="checkbox"/> CHECKTOWN <input checked="" type="checkbox"/> ON A FARM		Mrs. Betty Rock			
	20C. CITY OR TOWN	20D. COUNTY	20E. STATE	21B. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED)			
Rio Dell	Humboldt	California	728 Rigby Avenue Rio Dell, California				
PHYSICIAN'S OR CORONER'S CERTIFICATION	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 6-23-62 AND THAT I LAST SAW THE DECEASED ALIVE ON 6-23-62				22C. PHYSICIAN OR CORONER—SIGNATURE		DEGREE OR TITLE
	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 INVESTIGATION, AUTOPSY, INQUIRY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.				22D. ADDRESS		22E. DATE SIGNED
					Box 158 Searsville		6-25-62
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY BURIAL, ENTOMBMENT OR CREATION	24. DATE	25. NAME OF CEMETERY OR CREMATORY		26. EMBALMER—SIGNATURE (IF BODY EMBALMED); LICENSE NUMBER		
	Burial	6-27-62	Ocean View, Eureka		James L. Wallace 4966		
MEDICAL AND HEALTH DATA	27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR		29. LOCAL REGISTRAR—SIGNATURE		
	Goble's Fortuna Mortuary		6-26-62		Carl T. Wallace, M. D. F.P.C.		
	30. CAUSE OF DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Cerebral thrombosis</i>						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)						
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE:			32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE:	
	<input type="checkbox"/> NO OPERATION PERFORMED			<input type="checkbox"/> OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		<input type="checkbox"/> AUTOPSY PERFORMED	
	<input type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH			<input type="checkbox"/> OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		<input type="checkbox"/> AUTOPSY PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	
INJURY INFORMATION	34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			34B. DESCRIBE HOW INJURY OCCURRED			
	35A. TIME OF INJURY			35B. INJURY OCCURRED			
	35C. PLACE OF INJURY (I.E., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)			35D. CITY, TOWN, OR LOCATION			

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF HUMBOLDT

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Humboldt County Recorder.

DATE ISSUED

AUG 12 2004

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\*CC0113358\*

*Carolyn Wilson Crnich*  
Carolyn Wilson Crnich, Recorder  
HUMBOLDT COUNTY, CALIFORNIA

