

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF VENTURA
VENTURA, CALIFORNIA

CERTIFICATE OF DEATH

3 1998 56 002552

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/87)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) RICHARD		2. MIDDLE DONNELLY		3. LAST (FAMILY) SPEER			
4. DATE OF BIRTH M/M/DD/CYY 07/16/1912		5. AGE YRS. 86		6. SEX M		7. DATE OF DEATH M/M/DD/CYY 07/25/1998	
8. HOUR 0115		9. STATE OF BIRTH IL		10. SOCIAL SECURITY NO. 015-05-7738		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 18					
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER UNITED STATES GOVERNMENT			
17. OCCUPATION ARMY OFFICER		18. KIND OF BUSINESS UNITED STATES ARMY		19. YEARS IN OCCUPATION 25			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 137 GARDEN GREEN							
21. CITY PORT HUENEME		22. COUNTY VENTURA		23. ZIP CODE 93041		24. YRS IN COUNTY 1	
25. STATE OR FOREIGN COUNTRY CA		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 106 S. 100 W. SPRINGVILLE, VT 84663					
26. NAME, RELATIONSHIP MARY SPEER/DAUGHTER							
28. NAME OF SURVIVING SPOUSE—FIRST GERTRUDE		29. MIDDLE -		30. LAST (MAIDEN NAME) ROWAN			
31. NAME OF FATHER—FIRST WILLIAM		32. MIDDLE WALTER		33. LAST SPEER		34. BIRTH STATE KS	
35. NAME OF MOTHER—FIRST MAY		36. MIDDLE JOSEPHINE		37. LAST (MAIDEN) DONNELLY		38. BIRTH STATE UNK	
39. DATE M/M/DD/CYY 07/30/1998		40. PLACE OF FINAL DISPOSITION SU-UCLA SCH. MED. DEPT. PATH. 10833 LE CONTE AVE. LOS ANGELES, CA 90095					
41. TYPE OF DISPOSITION(S) SU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR THE ALPHA SOCIETY, INC.		45. LICENSE NO. FD-1274		46. SIGNATURE OF LOCAL REGISTRAR <i>Robert Lee Seem</i>		47. DATE M/M/DD/CYY 07/29/1998	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY VENTURA	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 137 GARDEN GREEN		106. CITY PORT HUENEME					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							
IMMEDIATE CAUSE (A) CARDIORESPIRATORY FAILURE		TIME INTERVAL BETWEEN ONSET AND DEATH 1 HR		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 1414-98			
DUE TO (B) ANEMIA		3 MNTHS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) METASTATIC PROSTATE ADENOCARCINOMA		10 YRS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. PROSTATECTOMY --/--/1998							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CYY 05/05/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>G. Vannix M.D.</i>		116. LICENSE NO. A18549		117. DATE M/M/DD/CYY 07/28/1998	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP G. VANNIX, M.D. 451 N. VENTURA RD. PORT HUENEME, CA 93041		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		121. INJURY DATE M/M/DD/CYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 81805		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF VENTURA } SS

DATE ISSUED

08/04/1998

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.

Robert Lee Seem
HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

