CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7097 19971

DECEDENT PERSONAL DATA

Field	Entry
1a. NAME OF DECEASED—FIRST NAME	William
1b. MIDDLE NAME	Henry
1c. LAST NAME	Kemps
2a. DATE OF DEATH—MONTH, DAY, YEAR	October 2, 1964
2b. HOUR	10:35 P.
3. SEX	Male
4. COLOR OR RACE	Caucasian
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Illinois
6. DATE OF BIRTH	October 29, 1878
7. AGE (LAST BIRTHDAY)	85 YEARS
8. NAME AND BIRTHPLACE OF FATHER	Samuel Henry Kemps - Penn.
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	Clara Amanda McClurken-Ill.
10. CITIZEN OF WHAT COUNTRY	U.S.A.
11. SOCIAL SECURITY NUMBER	560-12-7763
12. LAST OCCUPATION	Chairman of the Board
13. NUMBER OF YEARS IN THIS OCCUPATION	46
14. NAME OF LAST EMPLOYING COMPANY OR FIRM	Beverly Dairies, Ltd.
15. KIND OF INDUSTRY OR BUSINESS	Dairy Products
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES GIVE WAR OR DATES OF SERVICE	Spanish-American
17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	Widowed
18a. NAME OF PRESENT SPOUSE	- - -
18b. PRESENT OR LAST OCCUPATION OF SPOUSE	- - -

PLACE OF DEATH

Field	Entry
19a. PLACE OF DEATH—NAME OF HOSPITAL	(None)
19b. STREET ADDRESS	5305 Harter Lane
INSIDE CITY CORPORATE LIMITS / OUTSIDE CITY CORPORATE LIMITS	[X] Outside city corporate limits
19c. CITY OR TOWN	La Canada
19d. COUNTY	Los Angeles
19e. LENGTH OF STAY IN COUNTY OF DEATH	40 YEARS
19f. LENGTH OF STAY IN CALIFORNIA	40 YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

Field	Entry
20a. LAST USUAL RESIDENCE—STREET ADDRESS	5305 Harter Lane
20b. IF INSIDE CITY CORPORATE LIMITS / IF OUTSIDE CITY CORPORATE LIMITS	[X] Not on a farm
20c. CITY OR TOWN	La Canada
20d. COUNTY	Los Angeles
20e. STATE	California
21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)	William Worth Kemps
21b. ADDRESS OF INFORMANT	1546 Allen Glendale, Calif.

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 1961 TO 10/2/64 AND THAT I LAST SAW THE DECEASED ALIVE ON 10-1-64

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 ... ON THE REMAINS OF DECEASED AS REQUIRED BY LAW

22c. PHYSICIAN OR CORONER—SIGNATURE: Hammond S. Horton M.D. — DEGREE OR TITLE

22d. ADDRESS: 845 Foothill, La Canada Calif

22e. DATE SIGNED: 10-3-64

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	Burial
24. DATE	10-5-64
25. NAME OF CEMETERY OR CREMATORY	Forest Lawn Memorial-Park
26. EMBALMER—SIGNATURE (IF BODY EMBALMED) / LICENSE NUMBER	Wayne A. Bowman 4365
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	FOREST LAWN MEMORIAL-PARK ASSN. GLENDALE, CALIFORNIA
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	OCT 5 1964
29. LOCAL REGISTRAR—SIGNATURE	R. H. ... M.D.

VA 10-13-64 1 Free

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

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

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): Arteriosclerotic Cardio Vascular Disease — 10 yrs

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST — DUE TO (B) — DUE TO (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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: [ ] 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; [ ] 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

INJURY INFORMATION

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

FILED NOV 6 1964 RAY E. LEE, COUNTY RECORDER

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

Beatriz Valdez

BEATRIZ VALDEZ
Registrar-Recorder/County Clerk

DEC 23 1993

19-643593

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE