STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

72-008399 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

8009 00700 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: WALTER
1b. MIDDLE NAME: Bucannon
1c. LAST NAME: HENSON
2a. DATE OF DEATH—MONTH, DAY, YEAR: JANUARY 21, 1972
2b. HOUR: 11:00 A.M.
3. SEX: MALE
4. COLOR OR RACE: CAUC.
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
6. DATE OF BIRTH: Aug. 29, 1906
7. AGE (LAST BIRTHDAY): 65 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Edward Henson - Arkansas
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Selia Grant - Arkansas
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 444-12-8397
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Ethel Key
14. LAST OCCUPATION: Rancher
15. NUMBER OF YEARS IN THIS OCCUPATION: 47
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF RETIRED, SO STATE): Retired
17. KIND OF INDUSTRY OR BUSINESS: General Ranching

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: UNIVERSITY HOSPITAL OF SAN DIEGO
18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 225 W. DICKINSON ST. S.D. 92103
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NOT): YES
18d. CITY OR TOWN: SAN DIEGO 92103
18e. COUNTY: SAN DIEGO
18f. LENGTH OF STAY IN COUNTY OF DEATH: 2 YEARS
18g. LENGTH OF STAY IN CALIFORNIA: 27 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1810 Hilldale Road
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NOT): No
20. NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Ethel Henson, 1810 Hilldale Road, El Cajon, California
19c. CITY OR TOWN: El Cajon
19d. COUNTY: San Diego
19e. STATE: California

PHYSICIAN'S OR CORONER'S CERTIFICATION

150/37.20
154.02-97

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I MAKE HOLD ON THE REMAINS OF DECEDENT AS REQUIRED BY LAW. (INVESTIGATION OR INQUEST)
21b. 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 (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW THE DECEASED ALIVE ON (MONTH, DAY, YEAR): 1-19-72 / 1-21-72 / 1-21-72
21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: David C. Sherman MD
21d. DATE SIGNED: 1-21-72
21e. ADDRESS: 225 W. DICKINSON ST. S.D.
DAVID C. SHERMAN MD
21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G 17496

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b. DATE: 1/25/72
23. NAME OF CEMETERY OR CREMATORY: Alpine Cemetery
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) / LICENSE NUMBER: 2822
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Lakeside Funeral Chapel
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): NO
27. LOCAL REGISTRAR—SIGNATURE: J. Aiken M.D.
28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: JAN 24 1972

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
433.0	IMMEDIATE CAUSE (A) Rt. Cerebral Infarction	
433.10	DUE TO, OR AS A CONSEQUENCE OF (B) Rt. Middle Cerebral Artery occlusion	
	DUE TO, OR AS A CONSEQUENCE OF (C)	

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Hypertension.
31. WAS OPERATION OR AUTOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR AUTOPSY): NONE
32a. AUTOPSY (SPECIFY YES OR NO): NO
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)

INJURY INFORMATION

IBW-KP

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)
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 (ITEM 19) 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 88)

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
5	809	2		4330	

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December 21, 2007

Gregory J. Smith
Assessor Recorder County Clerk

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