

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF CALIFORNIA**  
**DEPARTMENT OF PUBLIC HEALTH**

6 STATE FILE NO. **'57 020162** CERTIFICATE OF DEATH REGISTRATION DISTRICT NO. **7053** REGISTRAR'S NUMBER **4575**

DECEDENT PERSONAL DATA PRINT NAME:	1 NAME OF DECEASED—FIRST NAME	MIDDLE NAME	10 LAST NAME	21 DATE OF DEATH—MONTH, DAY, YEAR	28 HOUR
	<b>MYRTLE</b>	<b>J.</b>	<b>ROBERTS</b>	<b>MARCH 9, 1957</b>	<b>10:00 A.</b>
	3 SEX	4 COLOR OR RACE	5 MARRIED, WIDOWED, NEVER MARRIED	6 DATE OF BIRTH	7 AGE (LAST BIRTHDAY)
	<b>Female</b>	<b>Caucasian</b>	<b>Married</b>	<b>July 11, 1909</b>	<b>47</b>
DECEASED EVER IN U.S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN	8A USUAL OCCUPATION	8B KIND OF BUSINESS OR INDUSTRY	9 BIRTHPLACE	10 CITIZEN OF WHAT COUNTRY	
	<b>Envelope Folder</b>	<b>Envelope Mfg. Co.</b>	<b>Missouri</b>	<b>U.S.A.</b>	
PLACE OF DEATH	11 NAME AND BIRTHPLACE OF FATHER	12 MAIDEN NAME AND BIRTHPLACE OF MOTHER		13 NAME OF PRESENT SPOUSE (IF MARRIED)	
	<b>Unknown O'Keefe - Unknown</b>	<b>Unknown - Unknown</b>		<b>Lawrence Roberts</b>	
LAST USUAL RESIDENCE WHERE DECEASED LIVED (IF INSTITUTION, LIST BEFORE ADDRESS)	14 WAS DECEASED EVER IN U.S. ARMED FORCES?	15 SOCIAL SECURITY NUMBER	16 INFORMANT		
	<b>no</b>	<b>495-12-6896</b>	<b>Lawrence Roberts</b>		
PHYSICIAN'S OR CORONER'S CERTIFICATION	17A COUNTY	17B CITY OR TOWN	17C LENGTH OF STAY IN THIS CITY OR TOWN		
	<b>Los Angeles</b>	<b>Los Angeles</b>	<b>10 years</b>		
FUNERAL DIRECTOR AND REGISTRAR	17D FULL NAME OF HOSPITAL OR INSTITUTION		17E ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS)		
	<b>White Memorial Hospital</b>		<b>312 North Boyle</b>		
MEDICAL AND HEALTH DATA	18A STATE	18B COUNTY	18C CITY OR TOWN	18D STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBERS)	
	<b>California</b>	<b>Los Angeles</b>	<b>Los Angeles</b>	<b>249 1/2 West 81th Street</b>	
CAUSE OF DEATH	19A 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 THE REMAINS OF DECEASED AS REQUIRED BY LAW			19B 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	
	<b>Volney C. Arroyo, M.D.</b>			<b>31 JAN 57</b>	
OTHER SIGNIFICANT CONDITIONS	19C SIGNATURE	19D HOME OR OFFICE ADDRESS	19E DATE SIGNED		
	<b>Volney C. Arroyo, M.D.</b>	<b>1720 BROOKLYN AVE.</b>	<b>11 MAR 57</b>		
OPERATIONS	20A SPECIFY BURIAL, CREMATION OR REMAIN	20B DATE	20C CEMETERY OR CREMATORY	21 SIGNATURE OF EMBALMER (IF BODY EMBALMED) LICENSE NUMBER	
	<b>Burial</b>	<b>3/12/57</b>	<b>Forest Lawn Memorial Park</b>	<b>Gary J. Neal 4206</b>	
DEATH DUE TO EXTERNAL VIOLENCE	22 FUNERAL DIRECTOR	23 DATE RECEIVED BY LOCAL REGISTRAR	24 SIGNATURE OF LOCAL REGISTRAR		
	<b>FOREST LAWN MEMORIAL-PARK ASS'N., GLENDALE, CALIFORNIA</b>	<b>MAR 12 1957</b>	<b>George M. White, M.D.</b>		
CAUSE OF DEATH	25 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	<b>PULMONARY EDEMA</b>			<b>1 Wk</b>	
OTHER SIGNIFICANT CONDITIONS	ANTECEDENT CAUSES			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	<b>METASTASES FROM OVARIAN CARCINOMA</b>			<b>8 Mo</b>	
OPERATIONS	26 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	<b>INANITION</b>			<b>8 Mo</b>	
DEATH DUE TO EXTERNAL VIOLENCE	27A DATE OF OPERATION	27B MAJOR FINDINGS OF OPERATION		20. AUTOPSY	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DEATH DUE TO EXTERNAL VIOLENCE	29A SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	29B PLACE OF INJURY (DO NOT USE FARM, FACTORY, STREET OFFICE BUILDING)	29C LOCATION	CITY OR TOWN	COUNTY STATE
DEATH DUE TO EXTERNAL VIOLENCE	29D TIME OF INJURY	29E INJURY OCCURRED	29F HOW DID INJURY OCCUR?		
		<input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK			

This is to certify that this document is a true copy of the official record filed with Vital Records.

DATE ISSUED

*Sony Agurto*

TONY AGURTO, MPA  
STATE REGISTRAR OF VITAL RECORDS

MAR -3 2014



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