

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

APR 4 1961  
FEE: \$2.00  
DATE:

*Edw. Lee Russell, M.D.*  
EDW. LEE RUSSELL, M.D.,  
Health Officer and Local Registrar of Vital Statistics of Orange County  
SANTA ANA, CALIFORNIA

STATE  
FILE  
NUMBER

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION

DISTRICT AND

3000

D 61 1012

CERTIFICATE NUMBER

1a NAME OF DECEASED—FIRST NAME <b>CHARLES</b>			1b MIDDLE NAME <b>GEORGE FRUE</b>			1c LAST NAME <b>BECKER</b>			2a DATE OF DEATH—MONTH DAY, YEAR <b>April 2, 1961</b>			2b HOUR <b>6:05 A.M.</b>		
3 SEX <b>Male</b>		4 COLOR OR RACE <b>Cauc.</b>		5 BIRTHPLACE (STATE OR FOREIGN) <b>Wisconsin</b>		6 DATE OF BIRTH <b>August 12, 1889</b>			7 AGE (LAST BIRTHDAY) <b>71</b> YEARS		IF UNDER 1 YEAR BIRTHS ALL		IF UNDER 24 HOURS BIRTHS	
8 NAME AND BIRTHPLACE OF FATHER <b>Charles Frue Becker Unknown</b>				9 MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Ann McGuing Unknown</b>				10 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			11 SOCIAL SECURITY NUMBER <b>530-05-4438</b>			
12 LAST OCCUPATION <b>Painter</b>			13 YEARS IN THIS OCCUPATION <b>15</b>			14 NAME OF LAST EMPLOYING COMPANY OR FIRM <b>Unknown</b>			15 KIND OF INDUSTRY OR BUSINESS <b>Painting</b>					
16 IF DECEASED WAS EVER IN U.S. ARMED FORCES GIVE WAR GRADES OF SERVICE <b>--</b>			17 SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED <b>Married</b>			18a NAME OF PRESENT SPOUSE <b>Verba Harris Becker</b>			18b PRESENT OR LAST OCCUPATION OF SPOUSE <b>Housewife</b>					
19a PLACE OF DEATH—NAME OF HOSPITAL <b>Orange County General Hospital</b>						19b STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P.O. BOX NUMBERS) <b>101 Placentia Avenue</b>								
19c CITY OR TOWN <b>Orange</b>			19d COUNTY <b>Orange</b>			19e LENGTH OF STAY IN COUNTY OF DEATH <b>11</b> YEARS			19f LENGTH OF STAY IN CALIFORNIA <b>21</b> YEARS					
20a LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P.O. BOX NUMBERS) <b>527 Center Street</b>				20b IF INSIDE CITY CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE		IF OUTSIDE CITY CORPORATE LIMITS <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM		21a NAME OF INFORMANT (IF OTHER THAN SPOUSE) <b>Mrs. H. D. Cody</b>						
20c CITY OR TOWN <b>Costa Mesa</b>			20d COUNTY <b>Orange</b>			20e STATE <b>California</b>			21b ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE) <b>527 Center Street Costa Mesa, California</b>					
22a PHYSICIAN (HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE UNDER STATE BELOW AND THAT I HAD BEEN CALLED TO THE DECEASED ON 3-25-61 AND THAT I LAST SAW THE DECEASED ALIVE ON 4-2-61)						22c PHYSICIAN OR CORONER—SIGNATURE <i>George F. Warner, M.D.</i>								
22b CORONER (HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION ACCORDING TO THE REQUIREMENTS OF CALIFORNIA LAWS ON THE REMAINS OF DECEASED AS REQUIRED BY LAW)						22d ADDRESS <b>Orange County Gen. Hosp.</b>			22e DATE SIGNED <b>4-3-61</b>					
23 SPECIAL BURIAL INSTRUCTIONS OF CREMATION <b>Removal</b>		24 DATE <b>4/4/61</b>		25 NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery Las Vegas, Nevada</b>			26 EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <i>Edw. Lee Russell, M.D.</i>							
27 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING IN PLACE OF FUNERAL DIRECTOR) <b>WINBIGLER MORTUARY Santa Ana, California</b>				28 DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>APR - 4 1961</b>		29 LOCAL REGISTRAR'S SIGNATURE <i>Edw. Lee Russell, M.D.</i>								
30 CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))														
PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A)						<b>Bronchopneumonia,</b>			<b>days</b>					
CONDITIONS IF ANY WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST						<b>Pulmonary emphysema, and fibrosis;</b>			<b>years</b>					
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)						<b>Cor pulmonale (years).</b>								
31 OPERATION—CHECK ONE <input checked="" type="checkbox"/> OPERATION PERFORMED				OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSE OF DEATH				32 DATE OF OPERATION						
34a SPECIFY ACCIDENT SUICIDE OR HOMICIDE				34b DESCRIBE HOW INJURY OCCURRED (GIVE NATURE OF INJURY WHICH RESULTED IN DEATH; NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF THIS FORM)										
35a TIME OF INJURY				35b INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK				35c PLACE OF INJURY (GIVE IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)						
35d CITY TOWN OR LOCATION				COUNTY				STATE						