

Form 5

DISTRICT NO. 1901 REGISTRAR'S NO. 8406

1. FULL NAME **HAROLD HASTINGS**

2. PLACE OF DEATH: (A) COUNTY Los Angeles
 (B) CITY OR TOWN Los Angeles
 (C) NAME OF HOSPITAL OR INSTITUTION Los Angeles County General Hospital
 (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)
 IN HOSPITAL OR INSTITUTION 1 month 8 days
 IN THIS COMMUNITY 1 mo 8 days IN CALIFORNIA 13 yrs
 (E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. _____ YEARS

3. (E) IF VETERAN, NAME OF WAR None 3. (F) SOCIAL SECURITY NO 561-09-8862

4. SEX Male 5. COLOR OR RACE Cauc 6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED Married

6. (B) NAME OF HUSBAND OR WIFE Veda Lucille Hastings 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE 39 YEARS

7. BIRTHDATE OF DECEASED October 26 1903

8. AGE 40 YRS 6 MOS 22 DAYS IF LESS THAN ONE DAY OLD

9. BIRTHPLACE Blackfoot, Idaho

10. USUAL OCCUPATION Shipping Clerk

11. INDUSTRY OR BUSINESS Wholesale Drugs

12. NAME James Hastings

13. BIRTHPLACE Unknown

14. MAIDEN NAME Pearl Allen

15. BIRTHPLACE Ogden, Utah

16. (A) INFORMANT Veda Lucille Hastings
 (B) ADDRESS 711-A Sierra Vista Ave. Alhambra

17. (A) Removal (B) DATE 5/21/44
 (C) PLACE Ogden Cemetery, Ogden, Utah

18. (A) EMBALMER'S SIGNATURE Wayne McKenzie LICENSE NO 2217
 (B) FUNERAL DIRECTOR Turner, Stevens & Turner
 ADDRESS Alhambra, California
 BY Pearl C. Allen, M.D.

19. (A) DATE FILED MAY 22 1944 (B) REGISTRAR [Signature]
 DEPUTY REGISTRAR [Signature]

3. USUAL RESIDENCE OF DECEASED:
 (A) STATE California
 (B) COUNTY Los Angeles
 (C) CITY OR TOWN Alhambra
 (D) STREET NO 711 - A Sierra Vista Street

20. DATE OF DEATH: MONTH May DAY 18
 YEAR 1944 HOUR 5 MINUTE 25 PM

21. MEDICAL CERTIFICATE
 I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM 4-10 1944 TO 5-18 1944. THAT I LAST SAW HIM im ALIVE ON 5-18 1944 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE
 I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO HIS DEATH ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH overwhelming unknown Toxemia Far Advanced T.B.C. unknown

OTHER CONDITIONS T.B. Peritonitis, Mild unknown Toxic delirious state

MAJOR FINDINGS OF OPERATIONS _____ DATE OF OPERATION _____

OF AUTOPSY No autopsy

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 (A) ACCIDENT, SUICIDE, OR HOMICIDE? _____ (B) DATE OF INJURY _____
 (C) WHERE DID INJURY OCCUR? _____ CITY OR TOWN _____ COUNTY _____ STATE _____
 (D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? _____ WHILE AT WORK? _____
 (E) MEANS OF INJURY _____

24. CORONER'S OR PHYSICIAN'S SIGNATURE Karl L. Albeck, D.O.
 ADDRESS 1200 No. State St. DATE 5-15-44

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
 Read Instructions on Back
 VITAL STATISTICS

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH Los Angeles U. S. DEPT. OF COMMERCE BUREAU OF THE CENSUS

James Paul REGISTRAR-RECORDER
 LOS ANGELES COUNTY, CALIFORNIA

JUN 12 1979



This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.