

28905



CERTIFICATE OF DEATH
STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: **7053 6348**

3 **DECEDENT PERSONAL DATA**

1. NAME OF DECEASED—FIRST NAME, MIDDLE NAME, LAST NAME: **CHARLES KENNETH HYDE**

2. DATE OF DEATH: **Feb. 14, 1960** 6:45 P.M.

3. SEX: **MALE** 4. COLOR OR RACE: **WHITE** 5. BIRTHPLACE: **PENNSYLVANIA** 6. DATE OF BIRTH: **JULY 8, 1907** 7. AGE: **52** YEARS

8. NAME AND BIRTHPLACE OF FATHER: **CHARLES W. HYDE, OHIO** 9. MARRIAGE: **WIDOWER** 10. BIRTHPLACE OF BROTHER: **MADGE NICKLE, PA.** 11. CITIZEN OF WHAT COUNTRY: **USA** 12. SOCIAL SECURITY NUMBER: **306 09 6855**

13. LAST OCCUPATION: **fireman** 14. NAME OF LAST EMPLOYER, COMPANY OR FIRM: **United States Steel Corp.** 15. KIND OF INDUSTRY OR BUSINESS: **Steel Production**

16. PRESENT OR LAST OCCUPATION OF BROTHER: **Clerk, U.S. Steel**

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PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL: **Harbor-UCLA** 18b. STREET ADDRESS: **5880 Avion** 18c. CITY OR TOWN: **Los Angeles** 18d. COUNTY: **Los Angeles** 18e. LENGTH OF STAY IN COUNTY OF DEATH: **none** 18f. LENGTH OF STAY IN CALIFORNIA: **none**

LAST USUAL RESIDENCE

19a. LAST USUAL RESIDENCE—STREET ADDRESS (and street name, if known, in addition to street name): **34 No. Cavender** 19b. CITY OR TOWN: **Hobart** 19c. COUNTY: **Lake** 19d. STATE: **Indiana** 20. NAME OF INFORMANT (if other than spouse): **Mrs. Gladys Hyde**

21. ADDRESS OF INFORMANT: **34 No. Cavender, Hobart, Indiana**

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: **Albert G. Fuller**

22b. PHYSICIAN OR CORONER: **Albert G. Fuller** 22c. ADDRESS: **4711 L OF JUSTICE, LOS ANGELES** 22d. DATE SIGNED: **12-17-60**

22e. CORONER: **INVESTIGATION**

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. MANNER OF BURIAL: **Burial** 24. DATE: **2-16-60** 25. NAME OF CEMETERY OR CREMATORY: **Calumet Park, Gary, Indiana** 26. EMPLOYER—SIGNATURE (if not declared): **George H. Hill, M.D.**

27. NAME OF FUNERAL DIRECTOR: **Halverson-Leavell Mortuary** 28. DATE RECEIVED FOR REGISTRATION: **MAR 18 1960** 29. LOCAL REGISTRAR—SIGNATURE: **George H. Hill, M.D.**

30. CAUSE OF DEATH: **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**

PART I. DEATH WAS CAUSED BY: **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE: **none**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: **none**

MEDICAL AND HEALTH DATA

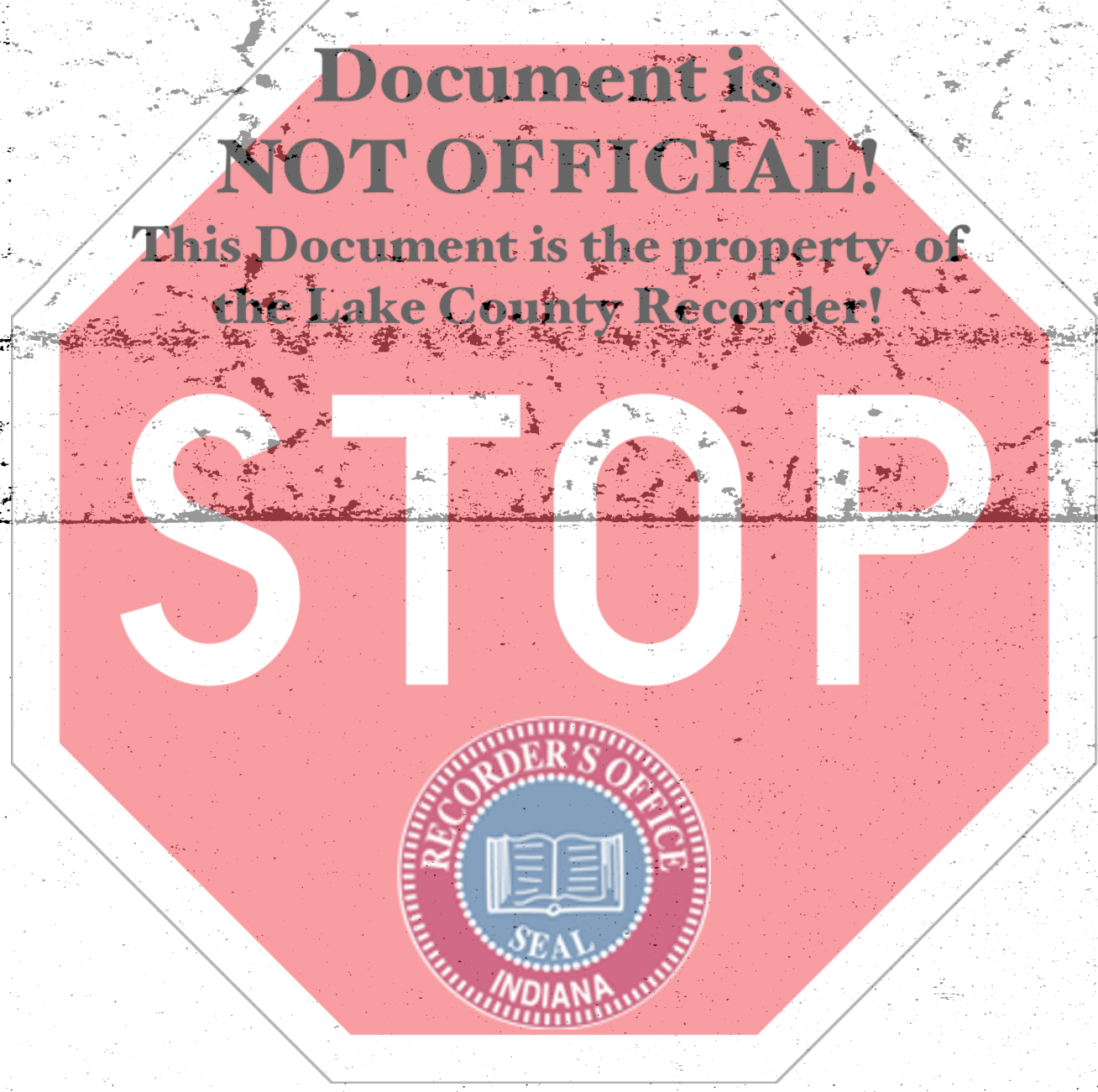
31. OPERATION—CHECK ONE: OPERATION: AUTOPSY: 32. DATE OF OPERATION: **none** 33. ALIEN: 34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: **none** 35. DESCRIBE HOW INJURY OCCURRED: **none**

34a. TIME OF INJURY: **none** 34b. PLACE OF INJURY: **none** 34c. CITY, TOWN OR LOCATION: **none**

35a. BLIND: 35b. PLACE OF BIRTH: **none** 35c. CITY, TOWN OR LOCATION: **none**

35d. CITY, TOWN OR LOCATION: **none**

28905



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 22 1 56 PM '08
ANDREW J. NICENKO
RECORDER

28905

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STOP

Delivery 2/25/60



Department of Health
CITY OF LOS ANGELES
DIVISION OF VITAL STATISTICS

AUG 22 1960

CERTIFIED COPY OF LOCAL RECORD

This is to Certify that the attached is a full, true and correct copy of the certificate of Birth Death of Charles Kenneth Hyde which is on file in this office, and of which I am the legal custodian.

In Testimony Whereof witness my hand and seal of office, at Los Angeles, California, this 25 day of May, 1960

Fee \$2.00

George M. Hill, M.D.

Registrar of Vital Statistics

PAID

By *Michael R. Kelly*
Deputy Registrar

1 2-14-60

No. 173195
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