



**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST <b>Ruby</b>		1B. MIDDLE <b>Elsa</b>	1C. LAST <b>Kassel</b>	
3. SEX <b>Female</b>		4. RACE/ETHNICITY <b>Cauc.</b>	5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH <b>April 17, 1925</b>
7. AGE <b>59</b> YEARS		8. UNDER 1 YEAR MONTHS	9. UNDER 1 YEAR DAYS	10. UNDER 24 HOURS HOURS
11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS <b>Married</b>
14. NAME OF SURVIVING SPOUSE SP WIFE, SISTER (BIRTH NAME) <b>Vernon Kassel</b>		15. KIND OF INDUSTRY OR BUSINESS <b>Pharmaceutical Co.</b>		
16. PRIMARY OCCUPATION <b>Clerical</b>		17. NUMBER OF YEARS THIS OCCUPATION <b>24 1/2</b>	18. EMPLOYER OR SELF-EMPLOYED, SO STATE <b>Towne, Paulsen Co.</b>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>2539 Rochelle Ave.</b>		19B. CITY OR TOWN <b>Monrovia</b>		
19C. COUNTY <b>Los Angeles</b>		19D. STATE <b>California</b>	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Vernon R. Kassel - Husband</b>	
21A. PLACE OF DEATH <b>Methodist Hospital of So. Calif.</b>		21B. COUNTY <b>Los Angeles</b>	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>300 W. Huntington Drive</b>	
21D. CITY OR TOWN <b>Arcadia</b>		21E. CITY OR TOWN <b>Monrovia, California 91016</b>		
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Metastatic Breast Cancer to Bone, Lung, Lymph Node</b>		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTIVE TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A <b>none</b>		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
25. PHYSICIAN'S CERTIFICATION <b>12/19/79</b>		26. TYPE PHYSICIAN'S NAME AND ADDRESS <b>Robert J. Pink, MD 612 W. Duarte Rd., Arcadia, Ca.</b>		27. DATE SIGNED <b>10/15/84</b>
28. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. <b>10/12/84</b>		29. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUIRY/INVESTIGATION		
30. SPECIFY ACCIDENT, SUICIDE, ETC.		31. INJURY AT WORK		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH PRECEDED INJURY)		
34. DISPOSITION <b>Burial</b>		35. DATE—MONTH, DAY, YEAR <b>10-16-84</b>	36. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Live Oak Memorial Park—Monrovia, Calif.</b>	
37. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Douglans &amp; Zook Mortuary, Inc</b>		38. LICENSE NO. <b>221</b>	39. LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER <b>6346 Gregory 3rd</b>	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	41. LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER <b>OCT 16 1984</b>	

RECORDED AT REQUEST OF  
*Mrs. R. V. A. Escobedo*  
BOOK 149 PAGE 586

86 OCT 13 A 9:34

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

OCT 13 1984

34 *[Signature]*  
Director of Health Services and Registrar

OFFICIAL RECORDS  
EUREKA COUNTY, CALIFORNIA  
H.N. REBALEATI, RECORDER  
FILE NO. 105170  
FEE \$ 6.00

BOOK 149 PAGE 587