

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

STATE FILE NUMBER 60-104312		CERTIFICATE OF DEATH		LOCAL REGISTRATION DISTRICT AND 8009 5985		
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH						
26 X DECEDENT PERSONAL DATA A N-3	1A. NAME OF DECEASED—FIRST NAME WILLIAM		1B. MIDDLE NAME Lewis		1C. LAST NAME HITS	
	2A. DATE OF DEATH—MONTH, DAY, YEAR OCTOBER 8, 1960		2B. HOUR 4:50 P. M.			
	3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri	6. DATE OF BIRTH December 30, 1885		7. AGE—LAST BIRTHDAY 74 YEARS
	8. NAME AND BIRTHPLACE OF FATHER Stephen Hite, Unknown		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Unknown		10. CITIZEN OF WHAT COUNTRY USA	
11. SOCIAL SECURITY NUMBER None		12. LAST OCCUPATION Ret. Farmer		13. NUMBER OF YEARS IN THIS OCCUPATION 12		
14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED) self employed		15. KIND OF INDUSTRY OR BUSINESS Farming				
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES. GIVE WAR OR DATES OF SERVICE No		17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		18A. NAME OF PRESENT SPOUSE -		
18B. PRESENT OR LAST OCCUPATION OF SPOUSE -		19A. PLACE OF DEATH—NAME OF HOSPITAL SAN DIEGO COUNTY GENERAL HOSPITAL				
19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) NORTH END OF FRONT STREET		19C. CITY OR TOWN SAN DIEGO		19D. COUNTY SAN DIEGO		
19E. LENGTH OF STAY IN CALIFORNIA 32 YEARS		19F. LENGTH OF STAY IN CALIFORNIA 32 YEARS		21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE) William O. Hite		
20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 855 East Washington		20B. IF INSIDE CITY CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE		20C. IF OUTSIDE CITY CORPORATE LIMITS <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM		
20C. CITY OR TOWN Escondido		20D. COUNTY San Diego		20E. STATE California		
20F. ADDRESS OF INFORMANT (IF DIFFERENT FROM 21A) RESIDENCE (IF RECORDABLE) 144 W. Woodward, Escondido, Cal.		22A. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, AND THAT I ATTENDED THE DECEASED FROM 10-8-60 TO 10-7-60 AND THAT I LAST SAW THE DECEASED ALIVE ON 10-8-60				
22B. 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 AN INTERVIEW, AUTOPSY, INQUIRY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW		22C. PHYSICIAN OR CORONER—SIGNATURE J. K. Rose		22D. ADDRESS SAN DIEGO COUNTY GEN. HOSP.		
22E. DATE SIGNED Oct. 19, 1960		23. SPECIFY BURIAL, CREMATION OR OTHER DISPOSITION Burial				
24. DATE Oct. 12, 1960		25. NAME OF CEMETERY OR CREMATORY Oak Hill Mem. Park—Escondido		26. EMBALMER—SIGNATURE (IF BODY EMBALMED): LICENSE NUMBER Ralph E. Wilson 2933		
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Alhiser - Wilson Mortuary		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR OCT 11 1960		29. LOCAL REGISTRAR—SIGNATURE J. A. Astleu M.D. cym mly		
MEDICAL AND HEALTH DATA	30. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Acute Pulmonary Edema					
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerotic Heart Disease					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) Pulmonary Emphysema, Carcinoma of Prostate						
31. OPERATION—CHECK ONE: <input checked="" type="checkbox"/> NO OPERATION PERFORMED <input type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH <input type="checkbox"/> OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE: <input checked="" type="checkbox"/> NO AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH <input type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		
34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34B. DESCRIBE HOW INJURY OCCURRED (GIVE EXTENT OF INJURY WHICH RESULTED IN DEATH, NATURE OF INJURY SHOULD BE DESCRIBED IN PART I OR PART II OF ITEM 30)				
35A. TIME OF INJURY		35B. PLACE OF INJURY (GIVE IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)		35C. CITY, TOWN, OR LOCATION		
35D. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		35E. COUNTY				

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

G. J. Smith

January 7, 2005
Gregory J. Smith
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

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