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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 8000

- 1a. NAME OF DECEASED—FIRST NAME: Edna
- 1b. MIDDLE NAME: Soukup
- 1c. LAST NAME: Ashley
- 2a. DATE OF DEATH—MONTH, DAY, YEAR: Oct. 14, 1976
- 2b. HOUR: 2:30 P.M.
- 3. SEX: Fem.
- 4. COLOR OR RACE: Cauc.
- 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Belleville, Ill.
- 6. DATE OF BIRTH: Oct. 17, 1908
- 7. AGE (LAST BIRTHDAY): 67 YEARS
- 8. NAME AND BIRTHPLACE OF FATHER: Frank Soukup - Czechoslovakia
- 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Beatrice (Unknown) Czechoslovakia
- 10. CITIZEN OF WHAT COUNTRY: U.S.A.
- 11. SOCIAL SECURITY NUMBER: [redacted]
- 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
- 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Lawrence Ashley
- 14. LAST OCCUPATION: Housewife
- 15. NUMBER OF YEARS IN THIS OCCUPATION: 5½
- 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE): Self-employed
- 17. KIND OF INDUSTRY OR BUSINESS: Homemaking
- 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Palomar Memorial Hospital
- 18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 550 East Grand Avenue
- 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 18d. CITY OR TOWN: Escondido
- 18e. COUNTY: San Diego
- 18f. LENGTH OF STAY IN COUNTY OF DEATH: 4 Mos.
- 18g. LENGTH OF STAY IN CALIFORNIA: 1 YEAR
- 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 500 Rancheros Drive, #117
- 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 19c. CITY OR TOWN: San Marcos
- 19d. COUNTY: San Diego
- 19e. STATE: California
- 20. NAME AND MAILING ADDRESS OF INFORMANT: Lawrence Ashley - Spouse, 500 Rancheros Dr., #117, San Marcos, California
- 21a. CORONER / 21b. PHYSICIAN — attended from 10-6-76 to 10-12-76; last seen alive 10-12-76
- 21c. PHYSICIAN OR CORONER — SIGNATURE AND DEGREE OR TITLE: Dr. ... ley (signature)
- 21d. DATE SIGNED: 10-15-76
- 21e. ADDRESS: 625 E. Grand, Escondido, Ca.
- 21f. PHYSICIAN'S LICENSE NUMBER: A 24559
- 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
- 22b. DATE: 10/18/76
- 23. NAME OF CEMETERY OR CREMATORY: San Marcos Cemetery
- 24. EMBALMER — SIGNATURE AND LICENSE NUMBER: Ronald O. Kelly (signature) 6355 DO
- 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): McLeod Mortuary
- 26. CORONER'S OR MEDICAL EXAMINER'S REPORT: No
- 27. LOCAL REGISTRAR — SIGNATURE: John R. Philip, M.D. (signature)
- 28. DATE ACCEPTED FOR REGISTRATION: OCT 15 '76
- 29. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
  - IMMEDIATE CAUSE (A): Hepatic Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 wks.
  - DUE TO, OR AS A CONSEQUENCE OF (B): Cholangio Carcinoma — 1 yr.
  - DUE TO, OR AS A CONSEQUENCE OF (C):
  - CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
- 30. PART II. OTHER SIGNIFICANT CONDITIONS: None
- 31. No
- 32. Yes / No
- 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
- 34. PLACE OF INJURY
- 35. INJURY AT WORK
- 36a. DATE OF INJURY
- 37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
- 38. DISTANCE FROM PLACE OF DEATH (MILES)
- 40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY)

A	B	C	D	E	F

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT RECORDED

FEE PAID: $2.00

DATED: OCT 1976

SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, 1600 PACIFIC HWY, SAN DIEGO