

STATE  
FILE  
NUMBER

## CERTIFICATE OF DEATH

LOCAL REGISTRATION  
DISTRICT AND  
CERTIFICATE NUMBER

00195

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

3316

DECEDENT PERSONAL DATA	1a NAME OF DECEASED—FIRST NAME <b>Alan</b>	1b MIDDLE NAME <b>J.</b>	1c LAST NAME <b>Freed</b>	2a DATE OF DEATH—MONTH DAY YEAR <b>January 20, 1965</b>	2b HOUR <b>7:30 a.m.</b>	
	3 SEX <b>Male</b>	4 COLOR OR RACE <b>White</b>	5 BIRTHPLACE—STATE OR TERRITORY <b>Johnstown Pennsylvania</b>	6 DATE OF BIRTH <b>December 5, 1921</b>	7 AGE—LAST BIRTHDAY <b>43</b> YEARS	
	8 NAME AND BIRTHPLACE OF FATHER <b>Charles Freed— Czechoslovakia</b>		9 MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Maude Palmer—Penn.</b>	10 CITIZEN OF WHAT COUNTRY <b>USA</b>	11 SOCIAL SECURITY NUMBER <b>Unknown</b>	
	12 LAST OCCUPATION <b>Announcer</b>	13 NUMBER OF YEARS IN THIS OCCUPATION <b>23</b>	14 NAME OF LAST EMPLOYING COMPANY OR FIRM <b>Station KNOB</b>	15 KIND OF INDUSTRY OR BUSINESS <b>Radio</b>		
16 IF DECEASED WAS EVER IN U.S. ARMED FORCES—GIVE WAR-TIME DATES (IF SERVICE)		17 SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED	18a NAME OF PRESENT SPOUSE <b>Inga Freed</b>	18b PRESENT OR LAST OCCUPATION OF SPOUSE <b>Housewife</b>		
PLACE OF DEATH	19a PLACE OF DEATH—NAME OF HOSPITAL <b>Desert Hospital</b>		19b STREET ADDRESS—GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS. <b>1151 No. Via Miraleste</b>			
	19c CITY OR TOWN <b>Palm Springs</b>		19d COUNTY <b>Riverside</b>	19e LENGTH OF STAY IN COUNTY OF DEATH <b>6</b> YEARS	19f LENGTH OF STAY IN CALIFORNIA <b>6</b> YEARS	
	20a LAST USUAL RESIDENCE—STREET ADDRESS—GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS. <b>309 Desert Holly Circle</b>		20b IF INSIDE CITY CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE	IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM	21a NAME OF INFORMANT (IF OTHER THAN SPOUSE) <b>Daniel E. Kaplan</b>	
20c CITY OR TOWN <b>Palm Springs</b>		20d COUNTY <b>Riverside</b>	20e STATE <b>Calif.</b>	21b ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT) <b>1442 N Palm Canyon Palm Springs</b>		
LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	22a PHYSICIAN—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 <b>Jan 20, 1965</b> AND THAT I LAST SAW THE DECEASED ALIVE ON <b>Jan 17, 1965</b>		22c PHYSICIAN OR CORONER—SIGNATURE <b>Daniel E. Kaplan</b> DEGREE OR TITLE <b>M.D.</b>			
	22b CORONER—HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE MET ( )		22d ADDRESS <b>1442 N Palm Canyon Palm Springs</b>	22e DATE SIGNED <b>Jan. 21, 1965</b>		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23 SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Removal Cremation</b>		24 DATE <b>1-22-65</b>	25 NAME OF CEMETERY OR CREMATORY <b>Montecito Memorial Park San Bernardino, Calif.</b>		
	26 EMBALMERS—SIGNATURE (IF BODY EMBALMED): LICENSE NUMBER <b>Almon W. Senter 4252</b>		27 NAME OF FUNERAL DIRECTOR (IF PERSONAL FUNERAL) <b>Palm Springs Mortuary</b>			
	28 DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>1-26-65</b>		29 LOCAL REGISTRAR—SIGNATURE <b>Ernest M. Sloan, M.D./D.M./J.C.P.</b>			
CAUSE OF DEATH	30 CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): <b>Bleeding Esophageal Varices</b>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 days years</b>	
	CONDITIONS IF ANY WHICH GAVE RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST DUE TO (B): <b>Cirrhosis of the Liver</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): <b>Hepatic Coma and Uremia</b>						
OPERATION AND AUTOPSY	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		32 DATE OF OPERATION	33 AUTOPSY—CHECK ONE <input type="checkbox"/> NO AUTOPSY PERFORMED <input checked="" type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		
	34a SPECIFY ACCIDENT—SUICIDE OR HOMICIDE		34b DESCRIBE HOW INJURY OCCURRED—GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF THIS SD.			
INJURY INFORMATION	35a TIME OF INJURY <b>M</b>		35b INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK			
	35c PLACE OF INJURY <b>1442 N Palm Canyon Factory Street Office Building</b>		35d CITY, TOWN OR LOCATION <b>Riverside</b>		STATE <b>Calif.</b>	