

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5-86-70-000073

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST 1B. MIDDLE		11C. LAST	
LAFAYETTE		RONALD HUBBARD	
2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
January 24, 1986		Found 2000	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	White American	<input checked="" type="checkbox"/> NO	March 13, 1911
7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS	
74 YEARS	MONTHS	DAYS	HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER	
NB		Harry Ross Hubbard - unk	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
Dora May Waterbury - MT			
11A. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
USA		[REDACTED]	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		13. MARITAL STATUS	
19 41 TO 19 45		Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)			
Mary Sue Whipp			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	
Writer		40	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
Self		Writing	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.	
Star Route			
19C. CITY OR TOWN			
Creston			
19D. COUNTY		19E. STATE	
San Luis Obispo		CA	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Earle C. Cooley - attorney			
9369 Nightingale Drive			
Los Angeles, CA 90069			
21A. PLACE OF DEATH		21B. COUNTY	
Residence		San Luis Obispo	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
Star Route (Donovan Road)		Rural Creston	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	
IMMEDIATE CAUSE			
(A) cerebral vascular accident			
DUE TO, OR AS A CONSEQUENCE OF			
(B)			
DUE TO, OR AS A CONSEQUENCE OF			
(C)			
24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
YES (DH)		NO	
26. WAS AUTOPSY PERFORMED?			
NO			
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		Gene Denk, MD.	
9-30-78 1-24-86		28C. DATE SIGNED	
		25 Jan 86	
		28D. PHYSICIAN'S LICENSE NUMBER	
		G 33017	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUEST-INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Cremation		January 25, 1986	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Arroyo Valley Crematory, Arroyo Grande, CA		not embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
Reis Chapel		949	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
[Signature]		January 25, 1986	
43. STATE REGISTRAR			
A. B. C. D. E. F.			

VS 11 (1-85)

This is to certify that this is a full, true and correct copy of the record on file in this office and that the same has been carefully compared.

County of
San Luis Obispo
Health Department

[Signature]
Health Officer

2-5 1986 by *[Signature]*
Deputy Register