

STATE
F.C.A. NO.

55-107590

CERTIFICATE OF DEATH

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

REGISTRATION
DISTRICT NO.

4400

REGISTRAR'S
NUMBER

441

1. NAME OF DECEASED (FIRST NAME) ¹ & MIDDLE NAME James Byron		IV. LAST NAME Dean		12. DATE OF BIRTH September 30, 1931		13. TIME OF DAY 3:45P	
1. SEX Male	2. COLOR OR RACE White	3. MARRIAGE HISTORY Never Married	4. DATE OF BIRTH February 6, 1931	7. AGE AT DEATH 24	8. SIGNATURE [Signature]	9. COUNTY San Luis Obispo	10. CITY OR TOWN Cholame
11. SPECIAL OCCUPATION Actor		14. KIND OF BUSINESS OR INDUSTRY Motion Picture		5. BIRTHPLACE Indiana		10. CITY OR TOWN United States	
11. NAME AND BIRTHPLACE OF FATHER Kinton A. Dean Indiana		12. MOTHER'S NAME AND BIRTHPLACE OF MOTHER Mildred Wilson Indiana		13. NAME OF PRESENT SPOUSE OR SPOUSE			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? No		15. SOCIAL SECURITY NUMBER 310-28-1959		16. INFORMANT Winton A. Dean			
17a. COUNTY San Luis Obispo		17b. CITY OR TOWN Cholame		17c. LENGTH OF STAY IN THIS CITY OR TOWN Transient			
17. FULL NAME OF HOSPITAL OR INSTITUTION				17. ADDRESS One mile east Cholame at Highway 486 and 41 junction			

18a. STATE California	18b. COUNTY Los Angeles	18c. CITY OR TOWN Sherman Oaks	18d. STREET OR ROAD ADDRESS 11611 Sutton
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19a. CORONER'S INVESTIGATION Investigation		19b. PHYSICIAN'S SIGNATURE [Signature]	
19c. SIGNATURE Paul E. Werrick		19d. ADDRESS San Luis Obispo	
19e. TITLE Deputy Coroner		19f. DATE 10-3-55	

20a. BY WHOM Removal	20b. DATE 10-3-55	20c. CEMETERY OR CREMATORIUM Grant Memorial Park, Marion	20d. SIGNATURE OF FUNERAL HOME [Signature]	20e. NUMBER 3095
22. FUNERAL DIRECTOR Kuel Funeral Home		23. DATE RECEIVED BY LOCAL REGISTRAR October 3, 1955		24. SIGNATURE OF LOCAL REGISTRAR [Signature]

CAUSE OF DEATH	25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Broken neck	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	26. ANTECEDENT CAUSES multiple fractures of upper and lower jaw multiple fractures of left and right arm internal injuries	
	27. OTHER SIGNIFICANT CONDITIONS	

27. DATE OF OPERATION	27a. MAJOR FINDINGS OF OPERATION	28. AUTOPTIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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29. MANNER OF DEATH Accident	29a. PLACE OF DEATH Highway	29b. LOCATION Rural Cholame San Luis Obispo California
29c. TIME 10-3-55 5:45P	29d. MANNER OF DEATH [Signature]	29e. HOW DID DEATH OCCUR? 2 car collision

DECEDENT PERSONAL DATA

8164

7653 PLACE OF DEATH

PHYSICIAN OR CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

CAUSE OF DEATH

OTHER SIGNIFICANT CONDITIONS

OPERATIONS

DEATH DUE TO EXTERNAL VIOLENCE

MEDICAL AND HEALTH HISTORY