

81-164329

CERTIFICATE OF DEATH

0190-052667

Autopsfiles.org - William Holden Death Certificate

STATE FILE NUMBER

LOCAL JURISDICTION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST William		1B. MIDDLE Franklin		1C. LAST Holden		2A. DATE OF BIRTH—MONTH, DAY, YEAR Found Nov. 16, 1921 1000		2B. AGE 37 YEARS	
3. SEX Male		4. RACE Cauc.		5. ETHNICITY 9		6. DATE OF BIRTH April 17, 1918		7. AGE IF UNDER 1 YEAR MONTHS DAYS	
8. BIRTHPLACE OF DECEDENT—STATE OR TERRITORY Illinois		9. NAME AND BIRTHPLACE OF FATHER William F. Beedle - Illinois		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Mary Bell -- Illinois		11. CITIZEN OF 1st COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 565-16-7734	
13. MARITAL STATUS Divorced		14. KIND OF INDUSTRY OR BUSINESS Motion Picture Prod.		15. PRIMARY OCCUPATION Actor		16. NUMBER OF YEARS IN INDUSTRY 40yrs.		17. EMPLOYED (IF SELF EMPLOYED, IN WHAT) Holden Prod., Inc.	
18. KIND OF INDUSTRY OR BUSINESS Motion Picture Prod.		19A. USUAL RESIDENCE—STREET ADDRESS STREET AND NUMBER OR LOCATION 535 Ocean Avenue Apt. #43		19B. STATE Calif.		20. NAME AND ADDRESS OF INTERESTED PARTY—SEE INSTRUCTIONS Mr. E.R. Comstock-Executor Tanner & Mainstain 11620 Wilshire Blvd. #580 Los Angeles, Calif.		21C. CITY OR TOWN Santa Monica	
19B. COUNTY Los Angeles		21A. PLACE OF DEATH Residence		21B. COUNTY Los Angeles		21C. CITY OR TOWN Santa Monica		21D. CITY OR TOWN Santa Monica	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) EXSANGUINATION WHICH WAS OR IS A CONSEQUENCE OF (B) BLUNT LACERATION OF SCALP WHICH WAS OR IS A CONSEQUENCE OF (C) 23. OTHER CAUSATIVE CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH FATTY METAMORPHOSIS OF LIVER		24. WAS DEATH REPORTED TO CORONER? YES		25. WAS REPORT FORWARDED TO HEALTH DEPT? NO		26. WAS AUTOPSY PERFORMED? YES		27. WAS OPERATIONS PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23? TYPE OF OPERATION NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CORONER'S STATEMENT		28B. PHYSICIAN—SIGNATURE AND ADDRESS ON FILE		28C. DATE DEATHED		28D. PHYSICIAN'S LICENSE NUMBER		28E. TYPE PHYSICIAN'S NAME AND ADDRESS	
29. SPOKEST ACCIDENT, DROVE, ETC. ACCIDENT		30. PLACE OF INJURY RESIDENCE		31. INJURY AT WORK NO		32A. DATE OF INJURY—MONTH, DAY, YEAR UNK..		32B. HOUR INK.	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 535 OCEAN AVE. APT. #43 MONICA		34. DESCRIBE HOW INJURY OCCURRED (SPECIFY WHICH RESULTED IN INJURY) FALL TO FURNITURE		35. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CORONER'S STATEMENT, AS REQUIRED BY LAW I HAVE HELD AN INQUEST		36. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CORONER'S STATEMENT, AS REQUIRED BY LAW I HAVE HELD AN INQUEST		37. DATE—MONTH, DAY, YEAR 11/19/81	
38. NAME AND ADDRESS OF CREMATOR Angeles Abbey Crem., -1515 E. Compton		39. SIGNATURE OF LOCAL M.D. CORONER Robert G. Ortega		39. SIGNATURE OF LOCAL M.D. CORONER Robert G. Ortega		39. SIGNATURE OF LOCAL M.D. CORONER Robert G. Ortega		39. SIGNATURE OF LOCAL M.D. CORONER Robert G. Ortega	
40. NAME OF FEDERAL INSPECTOR (OR PERSON ACTING AS SUCH) HE NEPTUNE SOCIETY		41. LOCAL VERIFICATION Robert G. Ortega		42. DATE OF DEATH NOV 19 1981		43. STATE REGISTRAR 7		44. COUNTY REGISTRAR X	
45. STATE REGISTRAR 7		46. COUNTY REGISTRAR X		47. CITY REGISTRAR 1		48. DISTRICT REGISTRAR 3		49. COUNTY REGISTRAR 888X	