

LOS ANGELES COUNTY  
HEALTH DEPARTMENT

This is to certify that  
this is a true copy  
of the document  
filed in this office.

*K. H. Sutherland M.A.*

County Health Officer  
and Local Registrar of  
Vital Statistics

Date: Sep 22 1965

Certification:

Fee paid \$2.00

Free

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH						DISTRICT AND 7053	
CERTIFICATE OF DEATH						CERTIFICATE NUMBER	
FILE NUMBER						24. DATE OF DEATH—MONTH, DAY, YEAR	
1a. NAME OF DECEASED—FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME		24. DATE OF DEATH—MONTH, DAY, YEAR	
Harriet		Harrigan		Lambert		August 13, 1965	
2. SEX		4. COLOR OR RACE		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		6. DATE OF BIRTH	
Female		Caucasian		Montana		Nov. 12, 1918	
7. AGE (LAST BIRTHDAY)		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY		II. SOCIAL SECURITY NUMBER	
46 YEARS		Helena Dennison - Michigan		United States		550-28-5273	
8. NAME AND BIRTHPLACE OF FATHER		12. LAST OCCUPATION		13. NUMBER OF YEARS IN THIS OCCUPATION		14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF APPLICABLE)	
Joseph Harrigan - Indiana		Nurse		10		Self-employed	
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE		17. SPECIFY MARRIED NEVER MARRIED, RE-MARRIED, DIVORCED		18a. NAME OF PRESENT SPOUSE		18b. PRESENT OR LAST OCCUPATION OF SPOUSE	
No		Married		Harold Lambert		Electrician	
19a. PLACE OF DEATH—NAME OF HOSPITAL		19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)		19c. COUNTY		19d. LENGTH OF STAY IN COUNTY OF DEATH	
Los Angeles		2622 San Marino St.		Los Angeles		43 YEARS	
19e. CITY OR TOWN		20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)		20b. CITY OR TOWN		20c. COUNTY	
Los Angeles		2622 San Marino St.		Los Angeles		Los Angeles	
20d. CITY OR TOWN		20e. COUNTY		20f. STATE		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)	
Los Angeles		Los Angeles		California		3/29	
22a. PHYSICIAN: I 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		22b. PHYSICIAN OF CORONER—SIGNATURE (THEO. J. CAMPBELL, M.D., Chief Medical Examiner, Coroner)		22c. DATE SIGNED		22d. ADDRESS	
				9-16-65		Hall of Justice, Los Angeles	
22e. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD		22f. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AS REQUIRED BY LAW		23. SPECIFY BURIAL (ENTOMBMENT OR CREMATION)		24. DATE	
autopsy				Burial		8/18/1965	
25. NAME OF CEMETERY OR CREMATORY		26. EMBALMER—SIGNATURE (IF BODY EMBALMED)		27. NAME OF FUNERAL DIRECTOR (IF FUNERAL SERVICE AS SUCH)		28. STATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	
Calvary Cemetery		<i>S. B. Johnson</i>		ARMSTRONG FAMILY		SEP 21 1965	
29. LOCAL REGISTRAR—SIGNATURE		30. CAUSE OF DEATH		31. OPERATION—CHECK ONE		32. DATE OF OPERATION	
<i>K. H. Sutherland M.A.</i>		ACUTE PHENOBARBITAL INTOXICATION		<input checked="" type="checkbox"/> OPERATION PERFORMED		8/4/65	
		INGESTION OF OVERDOSE		<input type="checkbox"/> OPERATION PERFORMED—FOLLOWING NOT USED IN DETERMINING CAUSE OF DEATH			
		PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A)		33. AUTOPSY—CHECK ONE		34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	
		PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		<input type="checkbox"/> AUTOPSY PERFORMED—PRELIMINARY FINDINGS ONLY		Probable Suicide	
				<input checked="" type="checkbox"/> AUTOPSY PERFORMED—PRELIMINARY FINDINGS AND POST-MORTEM EXAMINATION USED IN DETERMINING CAUSE OF DEATH		As Above	
				<input type="checkbox"/> AUTOPSY PERFORMED—PRELIMINARY FINDINGS ONLY AND POST-MORTEM EXAMINATION NOT USED IN DETERMINING CAUSE OF DEATH		35a. TIME OF INJURY	
						11:00a	
						35b. INJURY OCCURRED	
						8-13-65	
						35c. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE, BUSINESS)	
						Home	
						35d. CITY, TOWN, OR LOCATION	
						Los Angeles, L.A., California	
						35e. STATE	
						California	