Bob Hardesty death certificate | Privacy-redacted full-page copy

Review derivative, not a certified copy. Original unchanged. Black bars remove private details.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ROBERT	BRUCE	HARDESTY

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
April 28, 1981	2241

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH
Male	White	French/English	October 31, 1954

7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
26 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
California	Jean F. Hardesty - Washington D.C.	Batty Adams - Michigan

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	[redacted]	Married	Sherri Ishmael

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Service Mechanic	4½	[redacted]	Air Compressor-Sale & Mfg.

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
[redacted] Avenue A		Redondo Beach

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Los Angeles	California	Sherri Hardesty - wife [redacted]

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
Residence	Los Angeles	[redacted] Avenue "A"	Redondo Beach Unino.

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Gunshot Wound to Neck

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF — (B)

DUE TO, OR AS A CONSEQUENCE OF — (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
81-5572	No	Yes

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION — DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
Homicide	Residence	No	April 28, 1981	2215

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): [redacted] Avenue "A", Redondo Beach Unino

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): As Above

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (NOT)-INVESTIGATION.

35B. CORONER—SIGNATURE AND 1104 N. MISSION RD. LOS ANGELES, CALIF. 90033 [redacted]

35C. DATE SIGNED: 4-30-81

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	May 2,1981	Harbor Lawn Crematory, 1625 Gisler Ave. Costa Mesa, Ca 92626	Not embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LO[redacted]	42. DATE ACCEPTED BY LOCAL REGISTRAR
STONE & MYERS MORTUARY		MAY 1 - 1981

STATE REGISTRAR — A. | B. | E. | F. [redacted]

VS-11 (10-78)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

FEE $3.00

MAY 1 - 1981

[redacted]

Director of Health Services and Registrar