

# STATE OF LOUISIANA

THIS RECORD IS VALID FOR DEATH ONLY

4512346

**STATE OF LOUISIANA**  
**CERTIFICATE OF DEATH**

STATE FILE No. **17 802**

1a. Last Named of Deceased <b>HALL CAINE</b>		1b. First Name <b>YVONNE</b>		1c. Second Name <b>---</b>		2a. Month Day Year <b>October 17, 1967</b>		2b. Hour <b>4:35 A.M.</b>	
3. Sex — Male or Female <b>Female</b>		4. Color or Race <b>White</b>		5. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		6a. Name of Husband or Wife <b>Derwent</b>		6b. Age <b>77</b>	
7. Date of Birth of Deceased <b>March 7, 1897</b>		8. Age of Deceased Years <b>70</b> Months <b>7</b> Days <b>10</b> Hours Min.		9a. Birthplace (City and State) <b>Buenos Aires</b>		9b. Citizen of what Country <b>Argentina</b>			
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. Kind of Industry or Business <b>Home</b>		11. Was Deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		11a. Social Security No.			
12a. City, Town, or Location <b>Rural</b>				12b. Parish <b>Jefferson</b>		12c. Length of Stay in this Place <b>2 days</b>			
13a. Name of Hospital or Institution (If not in hospital or institution give street address or location) <b>Ochsner Foundation Hospital</b>						13b. Is Place of Death Inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
14a. City or Town <b>Palm Beach</b>		14b. Parish <b>Palm Beach County</b>		14c. State <b>Florida</b>					
15a. Street Address—(If rural give location) <b>44 Coconut Row</b>				15b. Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		15c. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
16a. Name of Father <b>Unknown Robert</b>		16b. Birthplace of Father (City or town) <b>Switzerland</b>		16c. Maiden Name of Mother <b>Unknown</b>		16d. Birthplace of Mother (City or town) <b>Argentina</b>			
17. I certify that the above stated information is true and correct to the best of my knowledge.		17a. Signature of Informant <i>Derwent Hall Caine Palm Beach Fla. 10-17-67</i>		17b. Date of Signature <i>10-17-67</i>		Interval Between Onset and Death			
18. Part I. Death was caused by: Immediate cause (a) <b>Bronchiolar carcinoma, bilateral with sternal metastases</b>		Due to (b) <b>Radiation pneumonitis, clinically</b>		Due to (c)		18. Autopsy Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
19. Part II. Other Significant conditions contributing to death but not related to the Terminal Disease condition given in Part I (a)									
20. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		20b. Describe how Injury Occurred. (Enter nature of injury in Part I or Part II of item 17.)							
21. Time Of Injury a. m. p. m.		21a. Place of Injury (e. g., in or about home, farm, factory, street, office bldg., etc.)		21b. City, Town, or Location <b>James H. Lutschg, M. D.</b>		21c. Parish		21d. State	
22. Injury Occurred While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		22a. I certify that I attended the deceased and that death occurred on the date and hour stated above.		22b. Signature of Physician <i>[Signature]</i>		22c. Date of Signature <b>October 17, 1967</b>			
23. Date of Death <b>8-19-67</b> to <b>10-17-67</b>		23a. Name and Location of Cemetery or Crematory <b>West Palm Beach Cem.</b>		23b. Signature and Address of Funeral Director <b>Leif Eagan Fun. Home, 5142 N. W. 11th St., Ft. Lauderdale, Fla.</b>		23c. Date of Issue <b>October 17, 1967</b>		23d. Signature of Local Registrar <b>Nilda Reynaud MD</b>	
24. Serial Transit Permit Number <b>25-252-FH</b>		24a. Parish of Issue <b>Jefferson</b>		24b. Date of Issue <b>October 17, 1967</b>		24c. Signature of Local Registrar <b>Nilda Reynaud MD</b>			

**AUG 27 2004**



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA — R.S.40:32, ET SEQ.

*J. Kara Bran*  
**STATE REGISTRAR**