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CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1 of 2

1a. NAME OF DECEASED—FIRST NAME: Johnnie-	1b. MIDDLE NAME: -	1c. LAST NAME: AKA Michelli / Michelli	2a. DATE OF DEATH—MONTH, DAY, YEAR: FOUND July 19, 1972
3. SEX: Male	4. COLOR OR RACE: Caucasian	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Italy	6. DATE OF BIRTH: 8-29-1928
7. AGE (LAST BIRTHDAY): 44 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	2b. HOUR: 9:05 A.M
8. NAME AND BIRTHPLACE OF FATHER: Angelo Michelli (Italy)		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Dirce Tognetti (Italy)	
10. CITIZEN OF WHAT COUNTRY: U.S.A.	11. SOCIAL SECURITY NUMBER: 555-32-4645	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Barbara Cagle
14. LAST OCCUPATION: Bakery Owner	15. NUMBER OF YEARS IN THIS OCCUPATION: 10 years	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): Balboa Bakery	17. KIND OF INDUSTRY OR BUSINESS: Bakery
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: San Diego	18b. CITY OR TOWN	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 4686 University Avenue	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 6673 Vigo Drive	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes	18e. COUNTY: San Diego	18f. LENGTH OF STAY IN COUNTY OF DEATH: 10 YEARS
19c. CITY OR TOWN: San Diego	19d. COUNTY: San Diego	19e. STATE: California	18g. LENGTH OF STAY IN CALIFORNIA: 42 YEARS

20. NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Barbara Michelli, wife, 6673 Vigo Drive, San Diego, California 92115

21a. 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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. Investigation (INVESTIGATION OR INQUEST)	21b. 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 (ENTER MONTH, DAY, YEAR) / TO (ENTER MONTH, DAY, YEAR) / AND LAST SAW THE PATIENT ALIVE (ENTER MONTH, DAY, YEAR)	21d. SIGNATURE: Robert L. Creason	21c. DATE SIGNED: 7-19-72
		21e. ADDRESS: 5555 Overland Avenue, San Diego, California — ROBERT L. CREASON, Coroner	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: ---

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22b. DATE: 7-25-1972	23. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Ben T. Forster 3260
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Goodbody's Blvd. Chapel	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO):	27. LOCAL REGISTRAR—SIGNATURE: [illegible]	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: JUL 24 1972

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE (A)	Pending
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), 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

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) FREEWAY, HIGHWAY, STREET,	35. INJURY AT WORK (SPECIFY YES OR NO)	31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO) No	32a. AUTOPSY (SPECIFY YES OR NO) Yes	32b. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) Yes
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. [illegible]	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR	

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

A.	B.	C.	D.	E

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AMENDMENT OF MEDICAL AND HEALTH SECTION DATA—DEATH

STATE CERTIFICATE NUMBER: 8009 06103

(INSTRUCTIONS ON REVERSE)

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 344

C 1657-72

IDENTIFICATION OF THE RECORD

1a. FIRST NAME: Johnnie | 1b. MIDDLE NAME: | 1c. LAST NAME: Micheli aka Michelli

2. PLACE OF OCCURRENCE—CITY OR COUNTY: San Diego

3. DATE OF EVENT: FOUND July 19, 1972

4. DATE ORIGINAL FILED: July 24, 1972

ORIGINALLY REPORTED INFORMATION

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C

IMMEDIATE CAUSE (A): Pending

CONDITIONS. IF ANY. WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST.

DUE TO. OR AS A CONSEQUENCE OF (B):

DUE TO. OR AS A CONSEQUENCE OF (C):

2 of 2

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a)

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)

32A. AUTOPSY (SPECIFY YES OR NO)

32B. IF AUTOPSY FINDINGS WERE CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)

33. SPECIFY ACCIDENT. SUICIDE OR HOMICIDE

34. PLACE OF INJURY (SPECIFY HOME. FARM. FACTORY. FREEWAY. HIGHWAY. STREET. OFFICE BUILDING. ETC.)

35. INJURY AT WORK (SPECIFY YES OR NO)

36A. DATE OF INJURY—MONTH. DAY. YEAR

36B. HOUR

37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE ITEM 19 — MILES

38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)

39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C

IMMEDIATE CAUSE (A): Undeterminable (Probable natural)

CONDITIONS. IF ANY. WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). 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

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a)

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY): No

32A. AUTOPSY (SPECIFY YES OR NO): Yes

32B. IF AUTOPSY FINDINGS WERE CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): Yes

33. SPECIFY ACCIDENT. SUICIDE OR HOMICIDE

34. PLACE OF INJURY (SPECIFY HOME. FARM. FACTORY. FREEWAY. HIGHWAY. STREET. OFFICE BUILDING. ETC.)

35. INJURY AT WORK (SPECIFY YES OR NO)

36A. DATE OF INJURY—MONTH. DAY. YEAR

36B. HOUR

37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE ITEM 19 — MILES

38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)

39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

5. I. THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED. DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

6A. SIGNATURE OF PHYSICIAN OR CORONER: Robert L. Creason S

6B. DATE SIGNED: 8-4-72

7A. NAME OF PHYSICIAN OR CORONER (PRINT OR TYPE): ROBERT L. CREASON

7B. DEGREE OR TITLE: Coroner

7C. ADDRESS—STREET. CITY. STATE: 5555 Overland Avenue, San Diego, California

REGISTRAR'S OFFICE

8A. OFFICE OF STATE OR LOCAL REGISTRAR: Dist. Registrar

8B. DATE ACCEPTED: AUG 9 1972

STATE OF CALIFORNIA. DEPARTMENT OF PUBLIC HEALTH. BUREAU OF VITAL STATISTICS (REV. 1169) FORM VS 24B

Pat. TA

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 4th day of January A.D., 1979 at 11:09 o'clock A M., and duly recorded in Vol M-79, of Deeds on Page 343.

FEE $6.00

WM. D. MILNE, County Clerk

By Jacqueline D. Metteer Deputy