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3195-K-33401

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3400 1678

STATE FILE NUMBER

PERSONAL AND STATISTICAL DATA

1a. NAME OF DECEDENT—FIRST: BERTHE
1b. MIDDLE: Ellen
1c. LAST: TRETER
2a. DATE OF DEATH (MONTH, DAY, YEAR): 4/8/78
2b. HOUR: 8:24 AM
3. SEX: Female
4. RACE: White
5. ETHNICITY: American
6. DATE OF BIRTH: April 29, 1907
7. AGE: 70 YEARS
If under 1 year: MONTHS / DAYS
If under 24 hours: HOURS / MINUTES
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan
9. NAME AND BIRTHPLACE OF FATHER: John William Cruzen-Ohio
10. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Nellie Jarczynski-Germany
11. CITIZEN OF WHAT COUNTRY: U. S. A.
12. SOCIAL SECURITY NUMBER: 302-07-2657
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVEN NAME PRIOR TO FIRST MARRIAGE): August Treter
15. USUAL OCCUPATION: Homemaker
16. NUMBER OF YEARS IN THIS OCCUPATION: 33
17. EMPLOYED (IF SELF-EMPLOYED, SO STATE): Self
18. KIND OF INDUSTRY OR BUSINESS: Own Home

USUAL RESIDENCE

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 5719 59th Street
19b. 32
19c. CITY OR TOWN: Sacramento
19d. COUNTY: Sacramento
19e. STATE: CA
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: August Treter-husband 5719 59th St. Sacramento, CA 95824

PLACE OF DEATH

21a. PLACE OF DEATH: Sacramento Medical Center
21b. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2315 Stockton Blvd.
21c. CITY OR TOWN: Sacramento
21d. COUNTY: Sacrament()

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
(A) CARDIOPULMONARY ARREST
DUE TO, OR AS A CONSEQUENCE OF
(B) MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF
(C)
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
26. WAS DEATH REPORTED TO CORONER? NO
25. WAS SURGERY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO
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? DATE OF OPERATION: NO

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 DAY, MO., YR.): 4/8/78
I LAST SAW DECEDENT ALIVE (ENTER DAY, MO., YR.): 4/8/78
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Robert W Dieckmann MD
28C. DATE SIGNED: 4/8/78
28D. PHYSICIAN'S LICENSE NUMBER: G32325
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Sacramento Medical Center

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY
31. INJURY AT WORK
32A. DATE OF INJURY—MONTH, DAY, YEAR
32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS DISCLOSED BY LAW I HAVE HELD AN (INQUEST/INVESTIGATION)
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
35C. DATE SIGNED

FUNERAL DIRECTOR AND LOCAL REGISTRAR

36. DISPOSITION: Cremation
37. DATE—MONTH, DAY, YEAR: 4/12/78
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: SACRAMENTO MEMORIAL LAWN 6100 Stockton Blvd.
39. EMBALMER'S LICENSE NUMBER: 6515
40. NAME OF FUNERAL DIRECTOR: SACRAMENTO MEMORIAL LAWN MORTUARY
41. LOCAL REGISTRAR—SIGNATURE: Joseph C
42. DATE ACCEPTED BY LOCAL REGISTRAR: APR 10 1978

STATE REGISTRAR

A. B. C. D. E. F.

VS-11 (1-78)

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THE COUNTY RECORDER'S OFFICE.

BY: _____ DEPUTY 7/2/80

Registrar of Vital Statistics
Sacramento County, California

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of July A.D., 19 80 at 11:04 o'clock A M., and duly recorded in Vol M80 of Deeds on Page 12953.

FEE $3.50

WM. D. MILNE, County Clerk

By Doreatha A Aldrich Deputy