

98588

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M81 Page 7043

4000 851

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST MARIETTA		2A. DATE OF DEATH (MONTH, DAY, YEAR) October 6, 1978	
1B. MIDDLE G.		2B. HOUR 0009	
3. SEX Female		7. AGE 68	
4. RACE White		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
5. ETHNICITY		6. DATE OF BIRTH January 20, 1910	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Spain		10. BIRTH NAME AND BIRTHPLACE OF MOTHER unknown	
9. NAME AND BIRTHPLACE OF FATHER unknown		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Thomas R. Vaca	
11. CITIZEN OF WHAT COUNTRY United States		15. PRIMARY OCCUPATION Sorter	
12. SOCIAL SECURITY NUMBER 547-05-7664		16. NUMBER OF YEARS THIS OCCUPATION 16	
13. MARITAL STATUS Married		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Tenneco West Almond	
18. KIND OF INDUSTRY OR BUSINESS Almond processing		19. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 501 Eddy St.	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Thomas Vaca - Husband P.O. Box 385 Templeton, CA. Ret		19C. CITY OR TOWN Templeton	
21A. PLACE OF DEATH Sierra Vista Hospital		19D. COUNTY San Luis Obispo	
21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1010 Murray St.		19E. STATE CA.	
21C. CITY OR TOWN San Luis Obispo		21D. COUNTY San Luis Obispo	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) Disseminated renal carcinoma (B) (C)		24. WAS DEATH REPORTED TO CORONER? no	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		25. WAS BIOPSY PERFORMED? No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? no		26. WAS AUTOPSY PERFORMED? No	
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.) 6-7-78		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Donald Smilovitz, M. D.	
28C. DATE SIGNED 10/9/78		28D. PHYSICIAN'S LICENSE NUMBER C-17709	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY 84 Santa Rosa St., San Luis Obispo, CA.	
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)		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)	
35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR 10/9/78	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Santa Margarita District Cemetery Santa Margarita		39. ENBALMER'S LICENSE NUMBER 4458	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Chapel of the Roses		41. LOCAL REGISTRAR—SIGNATURE Howard Mitchell, M.D.	
42. DATE ACCEPTED BY LOCAL REGISTRAR 10-9-78		43. STATE REGISTRAR—SIGNATURE L. A. [Signature]	
44. A.		45. B.	
46. C.		47. D.	
48. E.		49. F.	

This is to certify, That this is a full, true and correct copy of the record on file in this office and that the same has been carefully compared.

SAN LUIS OBISPO COUNTY
HEALTH DEPARTMENT

Oct. 17th 1978.

By L. A. [Signature]
Deputy Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of

this 20th day of April A.D. 1981 at 11:09 o'clock A.M., and
duly recorded in Vol. M81 of Deeds on Page 7043

Fee \$3.50

By Evelyn Biehn, County Clerk
Debra [Signature]