12171

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Raymond
1B. MIDDLE: Joseph
1C. LAST: Tesconi
2A. DATE OF DEATH (MONTH, DAY, YEAR): Jan. 15, 1982
2B. HOUR:
3. SEX: Male
4. RACE: White
5. ETHNICITY: American
6. DATE OF BIRTH: Oct. 10, 1916
7. AGE: 65 YEARS; IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HOURS: HOURS, MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): California
9. NAME AND BIRTHPLACE OF FATHER: Nick Tesconi - Italy
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Adelina Codino - Italy
11. CITIZEN OF WHAT COUNTRY: USA
12. SOCIAL SECURITY NUMBER: 565-01-8507
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Josefa Bierbaumer
15. PRIMARY OCCUPATION: Liquor Store
16. NUMBER OF YEARS THIS OCCUPATION: 5
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Self Employed
18. KIND OF INDUSTRY OR BUSINESS: Liquor Store Retail

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 360 B st.
19B.: 610100
19C. CITY OR TOWN: Redwood City
19D. COUNTY: San Mateo
19E. STATE: California

PLACE OF DEATH

21A. PLACE OF DEATH: Sequoia Hospital
21B. COUNTY: San Mateo
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): Whipple & Alameda Sts.
21D. CITY OR TOWN: Redwood City

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Josefa Tesconi (wife) Same As 19

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) Acute cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF — (B) Acute myocardial infarct
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: 30 minutes; 12 days

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: —
24. WAS DEATH REPORTED TO CORONER? no
25. WAS BIOPSY PERFORMED? no
26. WAS AUTOPSY PERFORMED? no
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: no 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.): 8/1/55
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 1/15/82
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Ballard Hayworth, MD
28C. DATE SIGNED: 1/16/82
28D. PHYSICIAN'S LICENSE NUMBER: C15637
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Ballard Hayworth M.D. 2900 Whipple Ave., Redwood City, Ca

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 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: 1/18/1982
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Skylawn Mem. Park, San Mateo
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 6709 Jack X. Weeks
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Crippen & Flynn Chapel 879
41. LOCAL REGISTRAR—SIGNATURE: J.M. Bodie, M.D. MD
42. DATE ACCEPTED BY LOCAL REGISTRAR: 1-18-82

STATE REGISTRAR: A. B. C. D. E. F.

SAN MATEO COUNTY
DEPARTMENT OF PUBLIC HEALTH AND WELFARE
225 - 37TH AVENUE
SAN MATEO, CALIFORNIA
THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL,
THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

J.M. Bodie, M.D.
J.M. BODIE, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR

DATE: January 21, 1982

STATE OF OREGON: COUNTY OF KLAMATH ;ss
I hereby certify that the within instrument was received and filed for record on the 27 day of May A.D., 19 82 at 12:07 o'clock P M and duly recorded in Vol M 82, of Deeds on page 6665

FEE $ 4.00

EVELYN BIEHN COUNTY CLERK
by Joyce Mc Clure Deputy