

1140

On October 6, 1982, the date of death of MILDRED HELEN PETERSON, also known as MILDRED H. PETERSON, she was married to me and I am her surviving spouse and surviving tenant by the entirety.

Edward Peterson
Edward Peterson

Subscribed and sworn to before me
this 18th day of January, 1983.

Angie Baker
Notary Public



CERTIFICATE OF DEATH
STATE OF CALIFORNIA

VOL 485 PAGE 860
2700 1141

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Mildred		Helen		PETERSON		2A. DATE OF DEATH—MONTH DAY YEAR	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		2B. HOUR	
Female		White		American		October 7, 1911		OCTOBER 6, 1982 2230	
7. AGE		8. BIRTHPLACE OF DECEDENT—STATE OR TERRITORY, COUNTRY		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY	
70		California		Glenn Cook Michigan		Lena Pozar California		U.S.A.	
12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE—IF ALIVE ENTER FULL NAME		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	
558-34-5193		Married		Edward Peterson		Housewife		adult Life	
17. EMPLOYER (IF SELF EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN	
-----		-----		1750 San Juan Hollister Road				San Juan Bautista	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21A. PLACE OF DEATH		21B. COUNTY	
San Benito		California		Edward Peterson Husband		Salinas Valley Memorial Hospital		Monterey	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STATE		21F. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21G. CITY OR TOWN	
450 East Romie Lane		Salinas		California		1750 San Juan Hollister Road		San Juan Bautista	
21H. STATE		21I. COUNTY		21J. CITY OR TOWN		21K. STATE		21L. COUNTY	
California		Monterey		Salinas		California		California	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?	
(A) LUNG CANCER				NO		YES		NO	
(B)									
(C)									
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 AND 23?		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE		28D. PHYSICIAN'S LICENSE NUMBER	
NO		9/17/82 10/6/82		J. ANTHONY SMITH, M.D.		10/7/82		C30589	
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)		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		37. DATE—MONTH DAY YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBLEMS—LICENSE NUMBER AND SIGNATURE		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
Cremation		October 8, 82		Garden of Memories, Salinas, California		6957 [Signature]		The Muller Mortuary	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE SIGNED BY LOCAL REGISTRAR		43. STATE REGISTRAR—SIGNATURE		44. DATE SIGNED BY STATE REGISTRAR		45. STATE REGISTRAR—OFFICIAL TITLE	
Robert J. Melton MD		OCT 7 1982		[Signature]				F-147	

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

SEAL AFFIXED

Robert J. Melton MD Director of Health

SIGNATURE OF CERTIFYING OFFICIAL

ROBERT J. MELTON, M.D. OFFICIAL TITLE

MONTEREY COUNTY HEALTH DEPARTMENT

PLACE OF CERTIFICATION

1270 NATIVIDAD ROAD SALINAS, CA. 93906

OCT 7 1982 DATE OF CERTIFICATION

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

FORM VS-199 (REV. 11-17-79) 24189-1990 8-77 25M © OSP

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the

20 day of Jan A.D., 1983 at 1:26 o'clock P M., and duly recorded in

Vol M83 of Deeds on page 1139.

EVELYN BIEHN
COUNTY CLERK

Fee \$ 12.00

By _____ deputy