

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

VOL 485 PAGE 860
2700 1141

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Mildred		1B. MIDDLE Helen	
1C. LAST PETERSON		2A. DATE OF DEATH (MONTH, DAY, YEAR) OCTOBER 6, 1982	
3. SEX Female		2B. HOUR 2230	
4. RACE White		5. ETHNICITY American	
6. DATE OF BIRTH October 7, 1911		7. AGE 70 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California		9. NAME AND BIRTHPLACE OF FATHER Glenn Cook Michigan	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Lena Pozar California		11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER LAST NAME) Edward Peterson	
12. SOCIAL SECURITY NUMBER 558-34-5193		13. MARITAL STATUS Married	
14. NUMBER OF YEARS THIS OCCUPATION adult Life		15. EMPLOYER (IF SELF-EMPLOYED, SO STATE) -----	
16. KIND OF INDUSTRY OR BUSINESS -----		17. CITY OR TOWN San Juan Bautista	
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1750 San Juan Hollister Road		19. COUNTY San Benito	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Edward Peterson Husband		21. PLACE OF DEATH Salinas Valley Memorial Hospital	
22. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 450 East Romie Lane		23. CITY OR TOWN Salinas	
24. STATE California		25. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP San Juan Bautista, California	
26. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) LUNG CANCER (B) 2yr (C) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		27. WAS DEATH REPORTED TO CORONER? NO	
28. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH CELESTINE TUBE 9/6/82		29. WAS BIOPSY PERFORMED? YES	
30. WAS AUTOPSY PERFORMED? NO		31. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO	
32. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 9/17/82 10/6/82		33. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE J. ANTHONY SMITH, M.D. 236 SAN JOSE STREET, SALINAS	
34. TYPE OF DEATH MD		35. DATE SIGNED 10/7/82	
36. PHYSICIAN'S LICENSE NUMBER C30587		37. TYPE OF DEATH MD	
38. SPECIFY ACCIDENT, SUICIDE, ETC. -----		39. PLACE OF INJURY -----	
40. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) -----		41. INJURY AT WORK -----	
42. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) -----		43. DATE OF INJURY—MONTH, DAY, YEAR -----	
44. 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) -----		45. CORONER—SIGNATURE AND DEGREE OR TITLE -----	
46. DATE—MONTH, DAY, YEAR October 8, 82		47. NAME AND ADDRESS OF CEMETERY OR CREMATORY Garden of Memories, Salinas, California	
48. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) The Muller Mortuary F-147		49. EMBALMER'S LICENSE NUMBER AND SIGNATURE 6957 [Signature]	
50. STATE REGISTRAR A. [Signature]		51. DATE ACCEPTED BY LOCAL REGISTRAR OCT 7 1982	

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, M.D.
SIGNATURE OF CERTIFYING OFFICIAL

OFFICIAL TITLE

MONTEREY COUNTY HEALTH DEPARTMENT
PLACE OF CERTIFICATION

1270 NATIVIDAD ROAD SALINAS, CA 93906
DATE OF CERTIFICATION

OCT 7 1982

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

State of OREGON: COUNTY OF KLANATH: 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.
Fee \$ 12.00

EVELYN BIEHN
COUNTY CLERK
By [Signature] deputy