28947

MTC 12907

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

Vol. M83. Page 16910

6015 6430

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEASED—FIRST NAME: Michael
1B. MIDDLE NAME: J.
1C. LAST NAME: Bifano
2A. DATE OF DEATH—MONTH, DAY, YEAR: 11/2/1977
2B. HOUR: 7:40 PM
3. SEX: Male
4. COLOR OR RACE: white
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York
6. DATE OF BIRTH: August 10, 1905
7. AGE (LAST BIRTHDAY): 72 YEARS
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HOURS: HOURS MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Dominick Bifano - Italy
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Josephine Aime - Italy
10. CITIZEN OF WHAT COUNTRY: United States
11. SOCIAL SECURITY NUMBER: 192-12-4739
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): divorced
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): ----
14. LAST OCCUPATION: Teacher
15. NUMBER OF YEARS IN THIS OCCUPATION: 48
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): Laney College
17. KIND OF INDUSTRY OR BUSINESS: Education

PLACE OF DEATH

18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Providence Hospital
18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 3012 Summit Street
18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18D. CITY OR TOWN: Oakland
18E. COUNTY: Alameda
18F. LENGTH OF STAY IN COUNTY OF DEATH: 23 YEARS
18G. LENGTH OF STAY IN CALIFORNIA: 25 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 70 Harlan St. #302
19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
19C. CITY OR TOWN: San Leandro
19D. COUNTY: Alameda
19E. STATE: California
20. NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Louise D. Bifano
4243 Laurel St. #205
Fremont, California 94538

PHYSICIAN'S OR CORONER'S CERTIFICATION

21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. Investigation (INVESTIGATION OR INQUEST)
21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)
21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Deputy Coroner
21D. DATE SIGNED: 11/3/77
21E. ADDRESS: 480 4th Street Oakland
21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: burial
22B. DATE: 11-7-1977
23. NAME OF CEMETERY OR CREMATORY: Holy Sepulchre Cemetery
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Malcolm A. Crandy 5352
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Fremont Chapel of the Roses
26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)
27. LOCAL REGISTRAR—SIGNATURE
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: NOV 4 1977

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
IMMEDIATE CAUSE (A): Cardiac failure
DUE TO, OR AS A CONSEQUENCE OF (B): Arteriosclerotic and mitral valvular disease with
DUE TO, OR AS A CONSEQUENCE OF (C): arrhythmia.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) FREEWAY, HIGHWAY, STREET
35. INJURY AT WORK (SPECIFY YES OR NO): No
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)
32A. AUTOPSY (SPECIFY YES OR NO): No
32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)
37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. ITEM 19: MILES
36A. DATE OF INJURY—MONTH, DAY, YEAR
36B. HOUR
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

STATE REGISTRAR

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

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: A. Martin DEPUTY

DATE: NOV 7 1977

RETURN.
MOUNTAIN TITLE Co.
407, MAIN

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 30th day of September A.D., 19 83 at 3:01 o'clock PM, and duly recorded in Vol M 83, of Deeds on page 16910.

Fee $ $4.00

EVELYN BIEHN, COUNTY CLERK
by Pam Smith deputy