

31941

TA-26758

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M83 Page 22124

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST PHYLLIS			1B. MIDDLE Louise		1C. LAST MITTELSTADT
2A. DATE OF DEATH (MONTH, DAY, YEAR) April 21, 1983			2B. HOUR 1259		
3. SEX Female		4. RACE/ETHNICITY White	5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH March 16, 1931	
7. AGE 52 YEARS		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California		9. NAME AND BIRTHPLACE OF FATHER James S. Crawford, Oregon	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER T. Louise McNulty, CA		11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 501-20-8931	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Lloyd Mittelstadt		15. PRIMARY OCCUPATION Teller	
16. NUMBER OF YEARS THIS OCCUPATION 5		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Bank of America		18. KIND OF INDUSTRY OR BUSINESS Banking	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 498 Josephine Dr.			19B. CITY OR TOWN Cloverdale		
19D. COUNTY Sonoma			19E. STATE California		
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Lloyd Mittelstadt, husband 498 Josephine Dr. Cloverdale, CA 95425					
21A. PLACE OF DEATH Santa Rosa Memorial Hospital			21B. COUNTY Sonoma		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1165 Montgomery Drive			21D. CITY OR TOWN Santa Rosa		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Intracerebral hemorrhage (B) Aneurysm of int. carotid artery (C) 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					
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.) 4/13/83		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Winston Ekren 28E. TYPE PHYSICIAN'S NAME AND ADDRESS Winston Ekren, M.D.; 1111 Sonoma Ave.; Santa Rosa, Ca.		28C. DATE SIGNED 4/21/83	
28D. PHYSICIAN'S LICENSE NUMBER C-20238		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 OF 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 4/23/83		38. NAME AND ADDRESS OF CEMETERY OF CREMATORY OakMound Cemetery Healdsburg, CA	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Fred Young and Company		40B. LICENSE NO. F-369		41. LOCAL REGISTRAR—SIGNATURE R. F. Holtz	
42. DATE ACCEPTED BY LOCAL REGISTRAR APRIL 22, 1983		39. REGISTRAR'S LICENSE NUMBER AND SIGNATURE Ellis M. Kjer 6600			
STATE REGISTRAR					

CERTIFICATION
STATEMENT

This is to certify, that the foregoing is a true and correct copy of the Vital Record which is on file in this office and of which I am legal custodian.

SIGNATURE:

OFFICIAL TITLE: Public Health Officer
and Local RegistrarPLACE: Sonoma County Public Health Service
Santa Rosa, California

DATE OF CERTIFICATION

MAY 04 1983

RETURN TO:
FRANCIS M. PASSALACQUA, ATTY
150 MATHESON ST
HEALDSBURG, CA 95448

AFFIDAVIT TO AMEND A RECORD

STATE CERTIFICATE NUMBER

☐ BIRTH

☒ DEATH

☐ FETAL DEATH

☐ MARRIAGE

4900-863

22125

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I

FACTS
AS REPORTED
ON THE
ORIGINALLY
REGISTERED
CERTIFICATE

1a. FIRST NAME

Phyllis

1b. MIDDLE NAME

Louise

1c. LAST NAME

Mittelstadt

2. SEX

Female

3. DATE OF EVENT

April 21, 1983

4. PLACE OF OCCURRENCE—CITY AND COUNTY

Santa Rosa

Sonoma

5. NAME OF FATHER

James S. Crawford- Oregon

6. BIRTH NAME OF MOTHER

T. Louise McNulty - California

PART II

(LIST ONE ITEM PER LINE)

STATEMENT
OF
CORRECTIONS

7.
ITEM
NUMBER

8a. FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD

12 501 - 20 - 8931

8b. FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD
AT THE TIME OF OCCURRENCE.

563 - 36 - 1460

2 of 2

REASON FOR
CORRECTION

9. Wrong information provided.

PART III

FIRST
SUPPORTING
AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT

11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.

Funeral Director

12. AGE OF PERSON COMPLETING THE AFFIDAVIT

53

13. DATE SIGNED

5/2/1983

14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)

818 Florence Lane Healdsburg, California

SECOND
SUPPORTING
AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT

16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.

Funeral Director

17. AGE OF PERSON COMPLETING THE AFFIDAVIT

30

18. DATE SIGNED

5/2/1983

19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)

1353 Sylvan Ct. Healdsburg, California

STATE OR LOCAL
REGISTRAR
USE ONLY

20. DATE ACCEPTED

MAY 04 1983

21. OFFICE OF THE STATE OR LOCAL REGISTRAR

Sonoma County Public Health Service
3313 Chanate Road
Santa Rosa, California 95404

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 10-79) FORM VS-24

CERTIFICATION
STATEMENT

This is to certify, that the foregoing is a true and correct copy of the Vital Record which is on file in this office and of which I am legal custodian.

SIGNATURE:

RJ [Signature]

OFFICIAL TITLE: Public Health Officer
and Local Registrar

PLACE: Sonoma County Public Health Service
Santa Rosa, California

DATE OF CERTIFICATION

MAY 04 1983

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 27th day of DECA.D., 1983 at 3:12 o'clock P M, and duly recorded in Vol M83, of Deeds on page 22123.

EVELYN BIEHN, COUNTY CLERK

Fee \$ 8.00

by *Bernetha [Signature]* Deputy