6052	ស្ពាស់ ដែក។		11			TE OF		H	2700	M1800 - 1	age.	L And All	-68	
	1A. NAME OF DECEDENT—FIRE				F CALIFORNIA				STRATION DIST					
	VELMA 3. SEX 4. RACE/ETHNICITY			FAYE EL SPANISH	HISPANIC	PUCK		June 7. AGE		S ER 1 YEAR	# UNDE	0850		
	Female Caucasio			X.8 1,10		October 18, 1936			48	MONTH YEARS	DAYS	HOURS	MENUTES	
DECEDENT PERSONAL DATA	S. BIRTHPLACE	E OF DECEDEN	;	9. NAME AND BIRTHPLACE Thomas Bent		cick-Mo			Ada Ellen Lingo-Mo.					
חות	11A. CITIZEN OF 11B. IF DE WHAT COUNTRY MILITARY G			ASED WAS EVER IN DATES OF SERVICE.	12. SOCIAL	L SECURITY NUMBER 13. MARITAL STATUS			US 14. NAM BIRTH NA	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)				
	U.S.A. 19_		9 <u> </u>	_ TO 19 16. Number of Years This Occupation	498 17. EMP	498-38-7872 17. EMPLOYER OF SELF-EMPLOYED, S		Married	1 Ric	Richard E. Puckett 18. KIND OF INDUSTRY OR BUSINESS				
	Homemaker 19A. USUAL RESIDENCE—STREET A			Adult Life	S OR LOCA	Self-Employed			Hc. Cr	memakin	g			
USUAL	1152 Jean Avenue								Salinas					
RESIDENCE	Monterey 198. SYATE							20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Richard E. Puckett-Husband						
	21A. PLACE		cerey		21B. C	21B. COUNTY			1152 Jean Avenue					
PLACE OF DEATH	21C. STREET	D NUMBER OR LOCATION)				Sali	inas, Calif. 93905							
	1152 Jean Avenue Salinas 22 Death was caused by: (Enter Only one Cause per line for A. B. and C.)										24. WAS 1	FATH DE	PORTED	
-	CONDITIONS IF ANY			4 4 4 0	reast	Carci	" 4	5ys.	APPROXI-	TO CORON	ER7	-QKILD		
CAUSE OF	WHICH GAVE RI	ISE TO D	UE TO, OF	AS A CONSECUENCE OF					4		INTERVAL 25. WAS BIOPSY PER BETWEEN ONSET (25)			
DEATH	\ <u></u>			R AS A CONSEQUENCE OF	·						AND 26. WAS AUTOPSY PI		PERFORMED	
	23. OTHER SIGNIFICANT CONDITIONS			-CONTRIBUTING TO DEATH	BUT NOT	T NOT RELATED TO CAUSE GIVEN			PERATION PER	FORMED FOR A		ON IN ITE	NS 22 OR	
	IN 22A 28A. 1 CERTIFY THAT DEATH OCCURRED AT THE 128B PHYSICIAN—SIGNATURE AND DEATH OCCURRED AT THE 128B PH								237 TYPE OF OPERATION Matter 128C. OFT SIGNED 128D. PHYSICIAN'S LICENSE NUMBER REE OR TITLE 128D. PHYSICIAN'S LICENSE NUMBER NUMBE					
PHYSI- CIAN'S CERTIFICA- TION	HOUR, DATE A STATED.	IND PLACE ST	TATED FR	OM THE CAUSES	als	QW.F	- - '	agan M	! ,	-85		749	132 Nombe	
	(ENTER MO.	DA. YR.)	42)	ITER MO. DA. YR.)		PHYSICIAN'S N		\circ	I o o Do	100 Dm	Colin		Co	
	29. SPECIFY AC			30. PLACE OF INJURY	Patri	ck W. Fl	31. INJURY	AT WORK 3	LOS Pa	THOM YAULUI	SALLI 1, DAY, YEAR	1а5 32В. н	Ca.	
INJURY INFORMA- TION	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)													
CORONER'S USE	35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM 35B, CORONER—SIGNATURE AND DEGREE OR TITLE 35C. DATE SIGNED													
ONLY	THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)													
36. DISPOSIT	6-4-		DAY, YEAR	Garden of				linas		TAMES C	\wedge	1 -	3674	
	FUNERAL DIRECTOR (OR PERSON ACTING			9 SUCH) 40B. LICENSE N	°.	. LOCAL REGIS	NATURE 4	- 1		JUN	BYLOCA			
STATE	Healey	Mortua	ry B.	F-973	- 4<	rul o	D.	ren	VIA B	W.	F.			
REGISTRAR VS-11 (1-85).	<u> </u>		<u> </u>							<u> </u>				
						-						:		
		Γ		-1				 -						
				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.													
7.1														
- :														
r.	DIRECTOR OF HEALTH													
;	ROBERT J. MELTON, M.D. MONTEREY COUNTY HEALTH DEPARTMENT JUNE 10, 1985 PLACE OF CERTIFICATION													
ç~														
•	1270 NATIVIDAD ROAD SALINAS, CA. 93906-3198													
				STATE OF CALIFORN	OF CALIFORNIA									
	DEPARTMENT OF PUBLIC HEALTH 50 3 1 1 1 4 8419-45									⊙ os P				
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Filed f	for record a Apri			, 19 <u>86</u> at	9:11	o'clock	<u>A</u> 1	M., and d		he ded in Vol		nd 86	day	
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FEE	\$5.0	0					elyn B By	iehn,	Count	y Clerk کسر روح	mil	H)	<u> </u>	

Ret: Michael J. Anderson, Inc. 777 Campus Commons Dr., #167, Sacramento, Calif. 95825