85819

Vol. M88 Page 4703

CERTIFICATE OF DEATH 04300-001526
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA 101

- 1A. NAME OF DECEDENT—FIRST: Robert
- 1B. MIDDLE: John
- 1C. LAST: SBRANA, SR.
- 2A. DATE OF DEATH (MONTH, DAY, YEAR): March 2, 1987
- 2B. HOUR: 2222
- 3. SEX: Male
- 4. RACE/ETHNICITY: Cauc./Italian
- 5. SPANISH/HISPANIC: NO [X]
- 6. DATE OF BIRTH: March 17, 1918
- 7. AGE: 68 YEARS
- IF UNDER 1 YEAR: MONTHS / DAYS
- IF UNDER 24 HOURS: HOURS / MINUTES
- 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CA
- 9. NAME AND BIRTHPLACE OF FATHER: Olinto Sbrana - Italy
- 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Errichetta Bagnatori - Italy
- 11A. CITIZEN OF WHAT COUNTRY: USA
- 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19__ TO 19__
- 12. SOCIAL SECURITY NUMBER: 566-18-0312
- 13. MARITAL STATUS: Married
- 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Margaret Nunes
- 15. PRIMARY OCCUPATION: Dock Loader
- 16. NUMBER OF YEARS THIS OCCUPATION: 7
- 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Teamster
- 18. KIND OF INDUSTRY OR BUSINESS: Shipping

USUAL RESIDENCE

- 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 409 N. Esther Ave.
- 19B. 506502
- 19C. CITY OR TOWN: Campbell
- 19D. COUNTY: Santa Clara
- 19E. STATE: CA
- 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Margaret Sbrana (spouse), 409 N. Esther Ave., Campbell, CA 95008

PLACE OF DEATH 13

- 21A. PLACE OF DEATH: Santa Clara Valley Med. Center
- 21B. COUNTY: Santa Clara
- 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 751 South Bascom Ave.
- 21D. CITY OR TOWN: San Jose

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Cardio-respiratory arrest

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (B) Hypertension - Severe Obesity

DUE TO, OR AS A CONSEQUENCE OF (C) Von Recklinghausen disease - leg, pelvis [illegible]

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

- 24. WAS DEATH REPORTED TO CORONER? YES N-2545
- 25. WAS BIOPSY PERFORMED? NO
- 26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: NO

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO — DATE

PHYSICIAN'S CERTIFICATION 377

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

- ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 10-79
- LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 1-9-89
- 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Aldo C. DiPerna M.D.
- 28C. DATE SIGNED: 3/4/87
- 28D. PHYSICIAN'S LICENSE NUMBER: A025047
- 28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Aldo DiPerna, M. D., 900 Kiely Blvd., Santa Clara, Ca.

INJURY INFORMATION

- 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)

CORONER'S USE ONLY

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: Cremation
- 37. DATE—MONTH, DAY, YEAR: 3/5/87
- 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Oak Hill Memorial Park - San Jose, CA
- 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not embalmed
- 40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Oak Hill Funeral Home
- 40B. LICENSE NO.: 991
- 41. LOCAL REGISTRAR—SIGNATURE: Stephen A. Coray M.D.
- 42. DATE ACCEPTED BY LOCAL REGISTRAR: MAR 5 1987

STATE REGISTRAR A. B. C. D. E. F.

VS-11 (1-86)

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

STEPHEN A CORAY, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
July 7, 1987

CERTIFICATION FEE: $7.00

BY: Esther S Tarrett
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA

AFTER RECORDING RETURN TO:
William M. Sloan, Attorney
Post Office Box 1476
Grants Pass, OR 97526

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of __________ the 1st day of April A.D., 19 88 at 12:31 o'clock P M., and duly recorded in Vol. M88 of Deeds on Page 4703

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith