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CERTIFICATE OF DEATH STATE OF CALIFORNIA

3-88-28

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
		Ima		Estelle	Rebottaro	November 17, 1988		2326
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		7. AGE		8. IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES
Female		White				74 YEARS		
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		11. DATE OF BIRTH		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		
OK		Joel Burrow - TX		January 15, 1914		Edith Middleton - TX		
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA		19 n/a TO 19 n/a		573-24-5155		Married		Louis A. Rebottaro
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		
Nurse		25		Kaiser Foundation		Medical care/hospital		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		19C. CITY OR TOWN		
3110 Browns Valley Road		CA		Louis A. Rebottaro - Husband		Napa		
19D. COUNTY		21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN		
Napa		Queen of the Valley Hospital		Napa		Napa		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?		
1000 Trancas Street		(A) Acute Myocardial Infarction		1 hour		25. WAS BIOPSY PERFORMED?		
		(B) None				26. WAS AUTOPSY PERFORMED?		
		(C) None						
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		
Gastric Carcinoma		Gastrectomy		Oct. 13, 1988		A23329		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		31. INJURY AT WORK		
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		Ernest Arras, M.D. - 3284 Jefferson St. - Napa, CA 94558		32A. DATE OF INJURY—MONTH, DAY, YEAR		
Sept. 7, 1988		Nov. 14, 1988				32B. HOUR		
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		
						35C. DATE SIGNED		
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)		36. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		
		Tulocay Cemetery - Napa, CA		7420 Eric D. Butler		NOV 21 1988		
38. DISPOSITION		37. DATE—MONTH, DAY, YEAR		40B. LICENSE NO.		41. LOCAL REGISTRAR'S SIGNATURE		
Burial		Nov. 22, 1988		F 463				
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR'S SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. DATE ACCEPTED BY LOCAL REGISTRAR		
Treadway & Wigger Fun'l Chapel								
STATE REGISTRAR		A.		B.		C.		

VS-11 (1-85)

HEALTH
November 21, 1988
This is a true copy of the
certificate on file in my office.

REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Louis A. Rebottaro the 11th day
of May A.D., 19 89 at 2:57 o'clock PM., and duly recorded in Vol. M89
of Deeds on Page 8078

Evelyn Biehn - County Clerk
By Quinn Mulcahy

FEE \$8.00

Return: Louis A. Rebottaro
3110 Browns Valley Rd., Napa, Ca. 94559