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BOOK 110 PAGE 96

21576 666

0102-55546

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

50 552

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Melvin

1B. MIDDLE: J.

1C. LAST: Pagano, Sr.

2A. DATE OF DEATH MONTH, DAY, YEAR: March 2, 1985

2B. HOUR: 1525 hrs

3. SEX: Male

4. RACE/ETHNICITY: Italian

5. SPANISH/HISPANIC: No

6. DATE OF BIRTH: June 12, 1913

7. AGE: 72 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): California

9. NAME AND BIRTHPLACE OF FATHER: Joseph Pagano - Italy

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Orolia DeMartini - Italy

11. CITIZEN OF WHAT COUNTRY: U.S.A.

12. IF DECEDENT WAS EVER IN U.S. MILITARY GIVE DATES OF SERVICE: 19 TO 19

13. SOCIAL SECURITY NUMBER: 549-05-7081

14. MARITAL STATUS: Divorced

15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME):

16. PRIMARY OCCUPATION: Ret. Painter

17. NUMBER OF YEARS THIS OCCUPATION: 10

18. EMPLOYER OF DECEDENT (IF SELF-EMPLOYED, SO STATE): City of Mountain View

19A. KIND OF INDUSTRY OR BUSINESS: Street Dept.

19C. CITY OR TOWN: Denain

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS: 4624 E. Tuolumne Rd.

19B. STATE: California

19C. COUNTY: Stanislaus

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: David Pagano (son), 4624 E. Tuolumne Rd., Denair, CA. 95316

PLACE OF DEATH

21A. PLACE OF DEATH: Emanuel Medical Center

21B. COUNTY: Stanisalus

21C. STREET ADDRESS: 825 Delbon Avenue

21D. CITY OR TOWN: Turlock

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A): Ruptured Aneurysm of Abdominal Aorta

DUE TO, OR AS A CONSEQUENCE OF (B): Arteriosclerosis, generalized, severe

DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

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

23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22

PHYSICIAN'S CERTIFICATION

28A. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28B. DATE SIGNED

28C. PHYSICIAN'S LICENSE NUMBER

28D. TYPE PHYSICIAN'S NAME AND ADDRESS

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. CORONER—SIGNATURE AND DEGREE OR TITLE: [signature] Deputy Coroner

35B. DATE SIGNED: 3/4/85

DISPOSITION

36. DISPOSITION: Interment

37. DATE: March 6, 1985

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Italian Cemetery, Colma, CA.

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 7430 [signature]

40. NAME OF FUNERAL DIRECTOR: VALENTE MARINI PERATA & CO. #100

41. LOCAL REGISTRAR—SIGNATURE: [signature] MD22

42. DATE ACCEPTED BY LOCAL REGISTRAR: MAR 05 1985

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

MAR 12 1985

I CERTIFY THIS INSTRUMENT TO BE A TRUE CERTIFIED COPY OF THE RECORD IN THIS OFFICE.

ATTEST: JUL 27 1990

STANISLAUS COUNTY, CALIF.

BY [signature]

20981

#666

BOOK 110 PAGE 97

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ MARRIAGE

50 552
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER (IF ASSIGNED)

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK ONLY

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
MELVIN	J.	PAGANO, SR.

2. SEX	3. DATE OF DEATH	4. PLACE OF OCCURRENCE—CITY AND COUNTY
Male	March 2, 1985	Turlock Stanisalus

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
Joseph Pagno	Orolia De Martini

PART II STATEMENT OF CORRECTIONS

2 of 2

LIST ONE ITEM PER LINE	7. LINE NUMBER	8a. INCORRECT INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE.
	7c	Denain	Denair
	7	72	71
	21A	Stanisalus	Stanislaus

9. REASON FOR CORRECTION: Typographical errors

PART III SUPPORTING AFFIDAVITS

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.

FIRST SUPPORTING AFFIDAVIT

10a. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
Robert Reese	Funeral Director	27
10b. DATE SIGNED: 3/5/85	10c. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE): 4840 Mission Street San Francisco, CA. 94112	

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. A

SECOND SUPPORTING AFFIDAVIT

13. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	14. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	15. AGE OF PERSON COMPLETING THE AFFIDAVIT
B. [illegible] Reese	Receptionist	63
13b. DATE SIGNED: 3/5/85	13c. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE): 4840 Mission Street San Francisco, CA. 94112	

STATE OR LOCAL REGISTRAR'S USE ONLY

16. DATE ACCEPTED	17. OFFICE OF THE STATE OR LOCAL REGISTRAR
MAR 7 1985	By: [illegible] Deputy

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — REV. 11-83 FORM VS-24

STATE INSERT NO.	a.	b.	c.	d.	e.	f.

I CERTIFY THIS INSTRUMENT TO BE A TRUE CERTIFIED COPY OF THE RECORD IN THIS OFFICE.
ATTEST: JUL 27 1990

STANISLAUS COUNTY, CALIF.
BY: [signature]

RECORDER'S OFFICE STANISLAUS COUNTY

20982

BOOK 110 PAGE 305

AFFIDAVIT TO AMEND A RECORD

[ ] BIRTH [X] DEATH [ ] FETAL DEATH [ ] MARRIAGE 50 552

(IF TO CERTIFICATE PROVIDE) (LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Melvin	J.	Pagano, Sr.

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY
Male	March 2, 1985	Turlock - Stanislaus

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
Joseph Pagno	Orolia DeMartini

3 of 9

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
9	Joseph Pagno	Joseph Pagano
2 10	Stanisalus	Stanislaus
10	Orolia DeMartini	Orolia De Martini

REASON FOR CORRECTION: 9. To correct spelling of father's name. To correct item number on previous amendment. To correct mother's last name.

PART III SUPPORTING AFFIDAVITS

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.

10a. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	10b. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1	10c. AGE OF PERSON COMPLETING THE AFFIDAVIT
Billy Pagano	Son	over 21

10d. DATE SIGNED	10e. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
3-18-85	4624 E. Tuolumne Rd., Denair CA 95316

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.

10a. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	10b. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1	10c. AGE OF PERSON COMPLETING THE AFFIDAVIT
Wayne S. Pagano	Son	over 21

10d. DATE SIGNED	10e. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
3-18-85	4624 E. Tuolumne Rd., Denair CA 95316

STATE OR LOCAL REGISTRAR USE ONLY — 11a. DATE RECEIVED: MAR 27 1985 — 11b. OFFICE OF THE STATE OR LOCAL REGISTRAR: SIGNATURE OF THE STATE REGISTRAR

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — REV. 11-83 FORM VS-24

I CERTIFY THIS INSTRUMENT TO BE A TRUE CERTIFIED COPY OF THE RECORD IN THIS OFFICE.
ATTEST: JUL 27 1990

STANISLAUS COUNTY, CALIF.
BY Billy Pagano

RECORDER'S OFFICE STANISLAUS COUNTY CALIF.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 17th day of Oct. A.D., 19 90 at 3:42 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 20980.

Evelyn Biehn, County Clerk
By Pauline Melendez

FEE $18.00

Return: ATC