

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

39034

24907

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) ANN		2A. DATE OF DEATH—MO. DAY, YR. OCTOBER 30, 1990	
1B. MIDDLE —		2B. HOUR 0755	
1C. LAST (FAMILY) SAVONE		3. SEX Female	
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR. August 19, 1913		7. AGE IN YEARS 77	
8. STATE OF BIRTH NY		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10A. FULL NAME OF FATHER Antonio Sgro		10B. STATE OF BIRTH Italy	
11A. FULL MAIDEN NAME OF MOTHER Providence Gelosi		11B. STATE OF BIRTH Italy	
12. MILITARY SERVICE? <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 392-14-8438	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Joseph Savone	
16A. USUAL OCCUPATION Homemaker		16B. USUAL EMPLOYER Self	
16C. USUAL EMPLOYER Self		16D. YEARS IN OCCUPATION 57	
16E. YEARS IN OCCUPATION 57		17. EDUCATION—YEARS COMPLETED 8	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 10 June Val Court		18B. CITY Sacramento	
18C. COUNTY Sacramento		18D. ZIP CODE 95820	
19A. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	
19C. COUNTY SACRAMENTO		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Joseph Savone-husband 10 June Val Court Sacramento, CA 95820	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) ACUTE MYOCARDIAL INFARCTION (B) LONGSTANDING HYPERTENSION (C) LONGSTANDING PNEUMONIA		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 LONGSTANDING PNEUMONIA		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. BRONCHOSCOPY 10/25/90	
27A. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE MONTH, DAY, YEAR 8/31/88		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER K. Locatelli M.D.	
27C. CERTIFIER'S LICENSE NUMBER 6058510		27D. DATE SIGNED 10/30/90	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Bette L. Henderson, M.D.		28B. DATE SIGNED 10/30/90	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined —		30A. PLACE OF INJURY —	
30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR —	
30D. HOUR —		31. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) —	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) —		33. DATE OF EMBALMING MO. DAY, YEAR 11-1-90	
34A. DISPOSITION(S) BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS St. Mary's Cemetery-6700 21st Ave Sacramento, CA	
34C. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) A.J. Nicoletti Funeral Home		34D. LICENSE NO. FD355	
34E. SIGNATURE OF LOCAL REGISTRAR Bette L. Henderson, M.D.		34F. REGISTRATION DATE 10-31-90 cp	
34G. STATE —		34H. CENSUS TRACT —	

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO
COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE
IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT
OF HEALTH, SACRAMENTO, CALIFORNIA.

Bette L. Henderson, M.D.

REGISTRAR

Bonnie York

DEPUTY

DATE: NOV 02 1990

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 17th day
of _____ Dec. _____ A.D., 19 90 at 12:40 o'clock _____ P.M., and duly recorded in Vol. M90
of _____ Deeds _____ on Page 24906

Evelyn Biehn County Clerk

By Bette L. Henderson

FEE \$13.00