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CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidner, M.D.

Ordis Wise Deputy Registrar
NOV 14 1990
Registrar of Vital Statistics
El Dorado County, California Date

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

3-90-09-000694

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR	3. SEX				
		LAURA		ANN	RUGGIERO	NOV. 4, 1990		0840	F				
DECEDENT PERSONAL DATA	4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	IF UNDER 1 YEAR	IF UNDER 24 HOURS						
	White	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OCT. 31, 1933		57								
	8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH					
	CT	U.S.A.	Julius Girasuolo		NY	Carmel Currano		CT					
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)							
19 To 19 <input checked="" type="checkbox"/> NONE		040 28 0719		Married		William Ruggiero							
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED					
Housewife		Homemaking		At Home		36		16					
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION					18B. CITY		18C. ZIP CODE					
	725 Anita					So. Lake Tahoe		95702					
PLACE OF DEATH	18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT						
	El Dorado		5		California		William Ruggiero - Husband P.O. Box 17779 So. Lake Tahoe, CA. 95702						
	19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY								
		Barton Mem. Hospital		IP		El Dorado							
CAUSE OF DEATH	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION					19E. CITY		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER					
	4th and South Ave.					So. Lake Tahoe		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					TIME INTERVAL BETWEEN ONSET AND DEATH		23. WAS BIOPSY PERFORMED?					
	IMMEDIATE CAUSE (A) Dilated Cardiomyopathy & Ventricular Arrhythmia					1 WEEK		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
PHYSI- CIAN'S CERTIFI- CATION	DUE TO (B) Stage IV Lymphoma					10 months		24A. WAS AUTOPSY PERFORMED?					
	DUE TO (C) Renal Failure					7 weeks		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21					26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		27C. CERTIFIER'S LICENSE NUMBER					
							Lymph Node Biopsy 11/29		137034				
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED				
					Larry A. Pappas, MD		137034		11/4/90				
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR					27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS					95729			
10/24/90					11/4/90					Larry A. Pappas, MD, Box 5657, So. Lake Tahoe, CA.			
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER					28B. DATE SIGNED		
	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 type="checkbox"/> NO		
										30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)					33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)								
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS			34C. DATE MO. DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER			
	Burial		Happy Homestead Cemetery So. Lake Tahoe, Ca.			11-07-90				6466			
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)					36B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
McFarlane Mortuary					F-1180		Curtis E. Weidner, MD		1-06-90, M. Mc				

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. Ruggiero the 10th day
of April A.D., 19 91 at 2:56 o'clock P.M., and duly recorded in Vol. M91
of Deeds on Page 6405

FEE \$8.00

Return: Wm. Ruggiero
P.O. Box 17779, S. Lake Tahoe, Ca. 95702

Evelyn Biehn County Clerk
By Pauline Mullender