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46627

COUNTY OF VENTURA

VENTURA, CALIFORNIA

Vol 92 Page 13845

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

39256001381

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

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	
		Betty		Jean		Bardini		May 20, 1992		1836		Female	
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR		7. AGE IN YEARS		8. UNDER 1 YEAR		9. UNDER 24 HOURS		10. UNDER 24 HOURS	
Caucasian		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		February 8, 1923		69							
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			
NB		USA		Clarence Smith		Iowa		Zella Belle Jordan		Iowa			
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		508-18-4051		Married		Tony Bardini							
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED					
Homemaker		Own Home		Self-Employed		49		12					
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE									
6897 Dove Street		Ventura		93003									
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT							
Ventura		10		California		Tony Bardini-Husband							
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT							
Residence				Ventura		6897 Dove St.							
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		22. WAS DEATH REPORTED TO CORONER?		23. WAS EXOPSY PERFORMED?							
6897 Dove Street		Ventura		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<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)		24. WAS AUTOPSY PERFORMED?		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							
(A) metastatic pancreatic cancer		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Diabetes mellitus, colon cancer		Laparotomy 12/91							
DUE TO (B)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
DUE TO (C)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27B. CERTIFIER'S LICENSE NUMBER		27C. DATE SIGNED		27D. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS							
Evan D. Slater		624397		5/21/92		Evan D. Slater, M.D. 243 March St. Santa Paula, CA							
27A. SIGNATURE AND DEGREE OR TITLE OF CORONER OR DEPUTY CORONER		27B. DATE SIGNED		27C. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		27D. PLACE OF INJURY							
30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY		30D. HOUR							
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS							
				Burial		Ivy Lawn Mem. Park, Ventura, CA							
34C. DATE		34D. SIGNATURE OF EMBALMER		34E. LICENSE NUMBER		34F. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)							
05-22-1992		David L. Sipton		7211		Charles Carroll Funeral Home							
34G. SIGNATURE OF LOCAL REGISTRAR		34H. REGISTRATION DATE		34I. CENSUS TRACT		34J. STATE REGISTRAR							
L E Dones, M.D.		MAY 21 1992				A. B. C. D. E. F.							

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

64190

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF VENTURA

} SS

DATE ISSUED MAY 26 1992

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department.

HEALTH OFFICER
VENTURA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Tony Bardini the 24th day of June A.D., 19 92 at 2:22 o'clock PM., and duly recorded in Vol. M92 of Deeds on Page 13845

Evelyn Biehn - County Clerk

By Quilina Mulindale

FEE \$10.00

Return: Tony Bardini

6897 Dove St., Ventura, Ca. 93003