

50737

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol. M92 Page 21301

4900-1873

Aspen 02038679

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
ELMER		ALBERT		PADULA	
3. SEX	4. RACE	5. ETHNICITY		6. DATE OF BIRTH	
male	white	American		January 20, 1915	
7. AGE		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER	
65 YEARS		California		Joseph Padula New York	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER	
Teresa Medici N.Y.		United States		566-01-6488	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION	
married		Lorraine Gibson		Owner	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
30 yrs.		self-employed		Wholesale Lumber Company	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B. CITY OR TOWN		
287 Redwood Avenue			Willits		
19C. COUNTY			19D. STATE		
Mendocino			California		
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			21A. PLACE OF DEATH		
Mrs. Lorraine Padula - spouse			Santa Rosa Memorial Hospital		
P.O. Box 537			21B. COUNTY		
Willits, CA 95490			Sonoma		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			22C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		
IMMEDIATE CAUSE			22D. CITY OR TOWN		
(A) <u>Brain Stem infarct</u>			Santa Rosa		
(B) <u>Pneumonia</u>			Montgomery Drive		
(C)					
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH			24. WAS DEATH REPORTED TO CORONER?		
			no		
25. WAS BODILY EXAMINED?			26. WAS AUTOPSY PERFORMED?		
no			no		
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?			28. DATE SIGNED		
TYPE OF OPERATION			9.15.80		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)			M. P. Carlin M.D.		
7.27.80			9.12.80		
28C. DATE SIGNED			28D. PHYSICIAN'S LICENSE NUMBER		
9.15.80			G-2104		
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		
			M. P. Carlin M.D. - 1120 Montgomery Dr. - Santa Rosa, CA		
31. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			32. INJURY AT WORK		
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			32A. DATE OF INJURY—MONTH, DAY, YEAR		
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			32B. HOUR		
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)			35B. CORONER—SIGNATURE AND DEGREE OR TITLE		
35C. DATE SIGNED					
36. DISPOSITION			37. DATE—MONTH, DAY, YEAR		
Burial			Sept. 19, 1980		
38. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM			39. LOCALMENT—LICENSE NUMBER AND SIGNATURE		
Willits Cemetery - Willits, Calif.			6098		
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			41. LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
Anker-Lucier Mortuary			SEP 18 1980		
42. DATE ACCEPTED BY LOCAL REGISTRAR					
STATE REGISTRAR					
VS-11 (10-78)					

CERTIFICATION STATEMENT

This is to certify, that the foregoing is a true and correct copy of the vital record which is on file in this office and of which I am legal custodian.

SIGNATURE:

RJ Holbert MD

OFFICIAL TITLE: Public Health Officer and Local Registrar

PLACE: Sonoma County Public Health Service
Santa Rosa, California

DATE OF CERTIFICATION OCT 01 1980

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title & Escrow the 17th day
of September A.D., 19 92 at 3:32 o'clock P M., and duly recorded in Vol. M92
of Deeds on Page 21301

EVELYN BIEHN County Clerk

By *Deanna A. Ketch*

FEE \$10.00