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10925

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P.O. Box 4325
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Attn: Rhonda

95 DEC 21 P3:48

Ac # 04043973

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER 91-41 004691

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. HOUR	3. SEX
Geraldine	- - -	Bibby	December 27, 1991	0847	Femal

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
White	☐ YES _____ ☒ NO	May 10, 1938	53		

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
CA	U.S.A.	Joseph D'Antonio	NY	Marie LaRosa	CA

12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	562-48-4846	Married	Richard F. Bibby

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Waitress	Restaurant	Various	25	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
350 Pleasant Valley Road #25	Diamond Springs	95619

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	2	California	Garnet Rawleigh (daughter) 1316 Maple Street San Mateo, CA 94402

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Mills-Peninsula Hospital	ER/OP	San Mateo

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
100 South San Mateo Drive	San Mateo		☒ C-12452 ☐

CAUSE OF DEATH

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

IMMEDIATE CAUSE (A)	Cardiac Arrest	Immed.	23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO
DUE TO (B)	Coronary Artery Disease	Years	24A. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO
DUE TO (C)			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ 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.
Adenocarcinoma Left Upper Lobe Lung	12-9-91 Thoracotomy

PHYSICIAN'S CERTIFICATION

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
	R Towery MD	G064071	12-27-91

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
12-14-91	12-26-91	Reid A. Towery, M.D. 2315 Stockton Boulevard, Sacramento, CA 95817

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 ☐ YES ☐ 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
CR/BU	Golden Gate Nat'l, San Bruno, CA	Jan. 3, 1992	not embalmed	- - -

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Patterson & O'Connell	948	Bradley P. Gilbert MD	JAN 0 3 1992

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES

VITAL STATISTICS SECTION
225-37th Avenue
San Mateo, California 94403

THIS IS TO CERTIFY THAT, IF BEARING THE RAISED DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

Bradley P. Gilbert M.D.

BRADLEY P. GILBERT, M.D.
Health Officer and Registrar

DATE: January 8, 1992

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title Co the 21st day of Dec A.D., 19 95 at 3:48 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 34811.

Bernetha G. Letsch, County Clerk

By Pauline Mullendore

FEE $10.00