

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY

Salinas, California

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

3 92 27 897

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Mamie		1B. MIDDLE --	1C. LAST (FAMILY) Ferrante
4. RACE White		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR December 5, 1904
7. AGE IN YEARS 87	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HO DAYS	28. HOUR 0400
8. STATE OF BIRTH CA	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Pietro Lucido	10B. STATE OF BIRTH Italy
11A. FULL MAIDEN NAME OF MOTHER Angelina Davi		11B. STATE OF BIRTH Italy	
12. MILITARY SERVICE? 19__ To 19__ <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 6324	14. MARITAL STATUS Widowed	15. NAME OF SURVIVING SPOUSE OF WIFE, ENTER MAIDEN NAME
16A. USUAL OCCUPATION Homemaker	16B. USUAL KIND OF BUSINESS OR INDUSTRY Own Home	16C. USUAL EMPLOYER Self employed	16D. YEARS IN OCCUPATION 65
17. EDUCATION—YEARS COMPLETED 12			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 286 Watson Street		18B. CITY Monterey	18C. ZIP CODE 93940
18D. COUNTY Monterey	18E. NUMBER OF YEARS IN THIS COUNTY 60	18F. STATE OR FOREIGN COUNTRY CA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mrs. Angillee Battaglia, D
19A. PLACE OF DEATH Community Hosp. Monterey	19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, OOA IP	19C. COUNTY Monterey	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION W R Holman Highway
19E. CITY Monterey	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Intestinal obstruction (B) Cancer of colon (C)	22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23. WAS BIASY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Aspiration pneumonia + renal failure	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR IF YES, LIST TYPE OF OPERATION AND DATE. Hysterectomy 5-6-91
27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Daniel P. Waligora	27B. CERTIFIER'S LICENSE NUMBER C-25562	27C. DATE SIGNATURE 6-16-92	27D. DATE SIGNATURE
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Daniel Waligora, MD., 147 Eldorado Street, Monterey, CA	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	28B. DATE SIGNATURE	
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
30D. HOUR	31. HOUR	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
34A. DISPOSITION(S) Burial	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS San Carlos Cemetery, Monterey, CA	34C. DATE MO, DAY, YEAR 6/17/92	34D. SIGNATURE OF EMBALMER J. E. Galindo
34E. LICENSE NUMBER 3723	35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mission Mortuary, Monterey, CA	35B. LICENSE NO. F-814	35C. SIGNATURE OF LOCAL REGISTRAR Rout J. Melton
35D. REGISTRATION DATE JUN 17 1992	36. STATE REGISTRAR	A.	B.
C.	D.	E.	F.
CENSUS TRACT	36		

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF MONTEREY

DATE ISSUED OCT - 2 1992

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By *Rout J. Melton* Local Registrar.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY  
Reith, Bebermeyer + Wieben  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

93 MAR 29 12:50

SUZANNE BEAUDREAU  
RECORDER

\$6 PAID *KO* DEPUTY

303156

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