



# CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO BRASSERS, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) <b>EMELIO</b>		2. MIDDLE <b>-</b>		3. LAST (FAMILY) <b>CUELLAR</b>	
4. DATE OF BIRTH MM/DD/CCYY <b>02/28/1918</b>		5. AGE YRS. <b>76</b>		6. SEX <b>M</b>	
7. DATE OF DEATH MM/DD/CCYY <b>03/21/1994</b>		8. HOUR <b>1825</b>			
9. STATE OF BIRTH <b>MS</b>		10. SOCIAL SECURITY NO. <b>5397</b>		11. MILITARY SERVICE <b>1944 TO 1945</b> <input type="checkbox"/> NONE	
12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>8</b>			
14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>AIRCO</b>	
17. OCCUPATION <b>Salesman</b>		18. KIND OF BUSINESS <b>Industrial Gases</b>		19. YEARS IN OCCUPATION <b>45</b>	
20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>232 Morris Ranch Rd.</b>					
21. CITY <b>Danville</b>		22. COUNTY <b>Contra Costa</b>		23. ZIP CODE <b>94526</b>	
24. YRS IN COUNTY <b>2</b>		25. STATE OR FOREIGN COUNTRY <b>45</b>			
26. NAME, RELATIONSHIP <b>Candy V. Cuellar - Wife</b>			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>232 Morris Ranch Rd., Danville, CA 94526</b>		
28. NAME OF SURVIVING SPOUSE—FIRST <b>Candy</b>		29. MIDDLE <b>Viola-Glorian</b>		30. LAST (MAIDEN NAME) <b>Napoli</b>	
31. NAME OF FATHER—FIRST <b>Antonio</b>		32. MIDDLE <b>Maria</b>		33. LAST <b>Cuellar</b>	
34. BIRTH STATE <b>SP</b>		35. NAME OF MOTHER—FIRST <b>Maria Delores</b>		36. MIDDLE <b>P.</b>	
37. LAST (MAIDEN) <b>Rodriguez</b>		38. BIRTH STATE <b>SP</b>			
39. DATE MM/DD/CCYY <b>03/25/1994</b>		40. PLACE OF FINAL DISPOSITION <b>Winters Cemetery, Winters, CA</b>			
41. TYPE OF DISPOSITIONS <b>BURIAL</b>		42. SIGNATURE OF EMERALD <i>[Signature]</i>		43. LICENSE NO. <b>7157</b>	
44. NAME OF FUNERAL DIRECTOR <b>OAK PARK HILLS CHAPEL</b>		45. LICENSE NO. <b>1073</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE MM/DD/CCYY <b>03/24/1994</b>					
101. PLACE OF DEATH <b>SAN RAMON REGIONAL MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY <b>CONTRA COSTA</b>		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>6001 NORRIS CANYON</b>			
106. CITY <b>SAN RAMON</b>					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) BILATERAL HEMOTHORACES</b>		TIME INTERVAL BETWEEN ONSET AND DEATH <b>MINUTES</b>		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>94-412</b>	
IMMEDIATE CAUSE <b>(B) LACERATED AORTA, THORACIC TRAUMATIC</b>		MINUTES		109. BODY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO <b>(C) MOTOR VEHICLE ACCIDENT</b>		MINUTES		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO <b>(D) -</b>				111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>-</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>-</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY DECEDENT LAST BEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO.	
117. DATE MM/DD/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY <b>03/21/1994</b>	
122. HOUR <b>1753</b>		123. PLACE OF INJURY <b>PUBLIC STREET</b>			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>MOTOR VEHICLE VS MOTOR VEHICLE</b>					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) <b>SAN RAMON VALLEY ROAD AND PODVA ROAD, DANVILLE CALIFORNIA</b>					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE MM/DD/CCYY <b>03/22/1994</b>		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>FLOYD SNOGRASS, DEPUTY CORONER</b>	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	

**Certification Statement**

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office.

Signature of Certifying Official

SEAL Official Title

*[Signature]*

Local Registrar

Place of Certification

Date of Certification

Contra Costa County Health Services-  
Public Health Division  
Martinez, California

MAR 24 1994

State of California, Health Services-Public Health Div., Bureau of Vital Statistics

353103  
BK 1294 PG 3393

COPY

REQUESTED BY  
*David Nearan*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'94 DEC 22 M1:15

SUZANNE BEAUDREAU  
RECORDER

3-950 PAID *K2* DEPUTY

353103

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