

Borough of Ringwood



REGISTRAR OF VITAL STATISTICS

60 MARGARET KING AVENUE
RINGWOOD, NEW JERSEY 07456

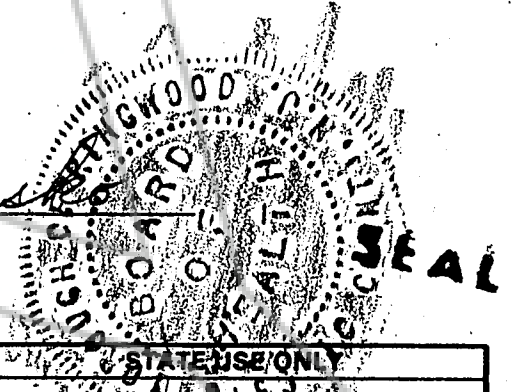
(201)962-7079

SEAL MUST BE AFFIXED.

THIS IS TO CERTIFY THAT THE FOLLOWING IS CORRECTLY COPIED FROM A RECORD OF DEATH ON FILE IN MY OFFICE.

May 15, 1995
Date

Florence A. Cusack
Registrar



REG-18
Jun 91

New Jersey State Department of Health
CERTIFICATE OF DEATH

1. NAME OF DECEASED (First) (Middle) (Last) Maria Ciranni			STATE USE ONLY 95-14		
2. DATE OF DEATH 4/1/95	3. SEX F	4. DATE OF BIRTH 1/31/1930	5a. AGE - Last Birth-day (yrs.) 65	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____
6. SOCIAL SEC. NO. [REDACTED]-2748		7a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (Specify)			
7b. FACILITY NAME (If not institution, give street and no.) 340 Cusaw Dr.			7c. CITY/TOWN OR LOCATION Ringwood		7d. COUNTY Passaic
8a. RESIDENCE - (State) NJ	8b. COUNTY Passaic	8c. CITY OR TOWN Ringwood	8d. STREET AND NUMBER 340 Cusaw Dr.	8e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8f. ZIP CODE 07456
9. BIRTHPLACE (City & State, or Foreign Country) Naples Italy		10a. DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10b. IF YES, WAR DATES (From/To): - - - - -	
11. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		12. SURVIVING SPOUSE (If Wife, Maiden Name) Nicholas Ciranni			
13. USUAL OCCUPATION (Kind of work done most of life, even if retired) partner at Restaurant		14. KIND OF BUSINESS OR INDUSTRY Food			
15. NAME AND ADDRESS OF LAST EMPLOYER Cironi Restaurant Pompton plains NJ					
16. RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK		17. OF HISPANIC ORIGIN? IF YES, SPECIFY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S EDUCATION Highest Grade Completed 12	
19. NAME OF FATHER (First) (Middle) (Last) John Volpe		20. MAIDEN NAME OF MOTHER (First) (Middle) (Last) Concetta Vitello			
21a. NAME OF INFORMANT Nicholas Ciranni		21b. RELATIONSHIP Husband		22a. DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> OTHER (Specify):	
22b. NAME OF CEMETERY OR CREMATORY Happy Homestead Cemetery			22c. CITY OR TOWN South Lake Tahoe		22d. STATE Calif.
23a. NAME AND ADDRESS OF FUNERAL HOME D'Agostino Funeral Home 881 Ringwood Ave. Haskell, NJ 07429					
23b. SIGNATURE OF FUNERAL DIRECTOR <i>Vito A. D'Agostino</i>		23c. N.J. LICENSE NO. 3617		24a. SIGNATURE OF LOCAL REGISTRAR <i>Florence A. Cusack</i>	
24b. DATE RECEIVED 4/3/95		25a. TIME OF DEATH 11:45 AM			
25b. DATE AND HOUR PRONOUNCED DEAD DATE: April 1, 1995 HOUR: 11:45 AM		25c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT TIME, DATE, AND PLACE INDICATED. SIGNATURE OF PRONOUNCER (If different than certifier): <i>Linda Marcello, R.N.C.</i>			
25d. DATE SIGNED 4-1-95		26. DEATH DUE TO: <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			
27. DATE OF INJURY		28. TIME OF INJURY M		29. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
30a. PLACE <input type="checkbox"/> STREET <input type="checkbox"/> OTHER (Specify):		30b. HOME <input type="checkbox"/> OFFICE BUILDING		30c. FARM <input type="checkbox"/> FACTORY	
30d. LOCATION OF INJURY (Number and Street)			30e. CITY AND COUNTY		30f. STATE
31a. NAME AND ADDRESS OF CERTIFIER <i>Marina [Signature] 97 W Parkway Pompton Plains NJ</i>					
31b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES LISTED ABOVE. SIGNATURE OF CERTIFIER: <i>[Signature]</i>					31c. DATE SIGNED 4/3/95

Items 1 and 2 to be typed by Funeral Director
 To be printed by Physician
 TIME OF DEATH
 DATE OF DEATH
 PHYSICIAN

COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 MAY 22 P12:28

LINDA SLATER
RECORDER

\$ 9.00 PAID Bh DEPUTY

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