

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

THEODORE D. HIATT, M.D.
MARIN COUNTY HEALTH OFFICER
HEALTH AND HUMAN SERVICES DEPARTMENT
CIVIC CENTER, ROOM 280
SAN RAFAEL, CALIFORNIA 94903

BY: *Theresa Reinmann* 7-29-88
DEPUTY REGISTRAR OF VITAL STATISTICS

CERTIFICATION FEE: \$7.00

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST Robert		1B. MIDDLE Joseph	1C. LAST Mazzei		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR July 25, 1988 1715
3. SEX Male	4. RACE/ETHNICITY White	5. SPANISH/HISPANIC <input checked="" type="checkbox"/>	6. DATE OF BIRTH April 5, 1911		7. AGE 77 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Italy	9. NAME AND BIRTHPLACE OF FATHER Joseph Mazzei, Italy			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Theresa Carli, Italy	
11A. CITIZEN OF WHAT COUNTRY? USA	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 1944 TO 1945	12. SOCIAL SECURITY NUMBER [REDACTED] 2568	13. MARITAL STATUS Married	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Esther L. Reinemann	
15. PRIMARY OCCUPATION Cook		16. NUMBER OF YEARS THIS OCCUPATION 40	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self		18. KIND OF INDUSTRY OR BUSINESS Restaurant
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 731 Tamarack Dr.				19B. San Rafael	
19D. COUNTY Marin		19E. STATE California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Esther Mazzei, Wife 731 Tamarack Dr. San Rafael, CA 94903		
21A. PLACE OF DEATH Rafael Convalescent Hospital		21B. COUNTY Marin	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 234 N. San Pedro Rd.		
21D. CITY OR TOWN San Rafael					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) Total maintenance <i>2 w</i> DUE TO, OR AS A CONSEQUENCE OF				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(B) Bilateral pulmonary carcinoma DUE TO, OR AS A CONSEQUENCE OF				24. WAS DEATH REPORTED TO CORONER? <i>Yes</i>
	(C) 2 lines metastases DUE TO, OR AS A CONSEQUENCE OF				25. WAS BIOPSY PERFORMED? <i>No</i>
					26. WAS AUTOPSY PERFORMED? <i>No</i>
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION, DATE <i>No - patient refused</i>		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) <i>2-1-85</i>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Ralph Jacobs MD</i>		28C. DATE SIGNED <i>7-26-88</i>	28D. PHYSICIAN'S LICENSE NUMBER <i>G-2046</i>
28E. TYPE PHYSICIAN'S NAME AND ADDRESS Ralph Jacobs, 900 Las Gallinas Ave., San Rafael, CA					
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
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 Cremation	37. DATE—MONTH, DAY, YEAR July 28, 1988	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Apollo Crematory, Emeryville, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE Not embalmed	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Neptune Society of Marin svk		40B. LICENSE NO. 1419	41. LOCAL REGISTRAR—SIGNATURE <i>Theodore D. Hiatt</i>		42. DATE ACCEPTED BY LOCAL REGISTRAR JUL 28 1988
STATE REGISTRAR	A.	B.	C.	D.	E.

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

END OF DOCUMENT

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LINDA SLATER
RECORDER
\$ 8.00 PAID *Ka* DEPUTY

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