

CERTIFICATE OF DEATH

3-94-41-003315

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES/WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER		
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Aimee		2. MIDDLE Dorothy		3. LAST (FAMILY) Byrne			
	4. DATE OF BIRTH MM/DD/CCYY 11/06/1913		5. AGE YRS. 80	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	6. SEX F	7. DATE OF DEATH MM/DD/CCYY 09/09/1994	
	8. HOUR 0903	9. STATE OF BIRTH California	10. SOCIAL SECURITY NO. 0159		11. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		12. MARITAL STATUS Widow	13. EDUCATION —YEARS COMPLETED 14
	14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER Self		
17. OCCUPATION Homemaker			18. KIND OF BUSINESS At Home			19. YEARS IN OCCUPATION 60		
USUAL RESIDENCE	20. RESIDENCE—STREET AND NUMBER OR LOCATION 161 Gramercy Drive							
	21. CITY San Mateo		22. COUNTY San Mateo		23. ZIP CODE 94402	24. YRS IN COUNTY 44	25. STATE OR FOREIGN COUNTRY California	
INFORMANT	26. NAME, RELATIONSHIP John Byrne Son			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1632 Curtis St., Berkeley, CA 94702				
	28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -			
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST Bernard		32. MIDDLE -		33. LAST La Clergue		34. BIRTH STATE France	
	35. NAME OF MOTHER—FIRST Marie		36. MIDDLE -		37. LAST (MAIDEN) Wingoulat		38. BIRTH STATE France	
	39. DATE MM/DD/CCYY 09/12/1994		40. PLACE OF FINAL DISPOSITION Holy Cross Cemetery, Colma					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/BU			42. SIGNATURE OF EMBALMER ▶ Not embalmed			43. LICENSE NO. -	
	44. NAME OF FUNERAL DIRECTOR Sneider & Sullivan, San Mateo		45. LICENSE NO. FD230	46. SIGNATURE OF LOCAL REGISTRAR ▶ [Signature]		47. DATE MM/DD/CCYY 09/12/1994		
PLACE OF DEATH	101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY San Mateo	
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 161 Gramercy Drive					106. CITY San Mateo		
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
	IMMEDIATE CAUSE	(A) Myocardial Infarction				5 mins		
	DUE TO	(B) Coronary Artery Disease				10 yrs	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO	(C)					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO	(D)					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Congestive Heart Failure, Dementia								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO								
PHYSICIAN'S CERTIFICATION	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 02/01/1993		DECEDENT LAST SEEN ALIVE MM/DD/CCYY 09/08/1994		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NO. G49613	117. DATE MM/DD/CCYY 09/09/1994
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Neal Snyder, M.D. 1150 Veterans Blvd., Redwood City, CA 94063				119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
CORONER'S USE ONLY	121. INJURY DATE MM/DD/CCYY		122. HOUR	123. PLACE OF INJURY				
	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER			127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

**SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES**

**225 West 37th Avenue
San Mateo, California 94403**

SEAL

This is to certify that, if bearing the raised department seal, this is a true copy of the document filed in this office.

[Signature]

**SCOTT MORROW, M.D.
Health Officer and Registrar**

September 12, 1994

0536573

BK 0302 PG 03105

COPY

REQUESTED BY
Barbara Beery
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 MAR -8 PM 2:43

LINDA SLATER
RECORDER

\$17.⁰⁰ PAID K2 DEPUTY

0536573

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