





STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER

COUNTY OF TUOLUMNE

SONORA, CALIFORNIA

CERTIFICATE OF DEATH

3 2000 55 000526

STATE FILE NUMBER

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) <b>IMOGENE</b>		2. MIDDLE <b>MONTSIE</b>		3. LAST (FAMILY) <b>APOSTOLE</b>	
4. DATE OF BIRTH M/M/D/D/CCYY <b>02/21/1920</b>		5. AGE YRS. <b>80</b>		6. SEX <b>F</b>	
7. DATE OF DEATH M/M/D/D/CCYY <b>12/22/2000</b>		8. HOUR <b>1855</b>			
9. STATE OF BIRTH <b>TN</b>		10. SOCIAL SECURITY NO. <b>-3715</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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>Aldo Nuity</b>	
17. OCCUPATION <b>Waitress</b>		18. KIND OF BUSINESS <b>Restaurant</b>		19. YEARS IN OCCUPATION <b>25</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>2588 Charmstone Way</b>					
21. CITY <b>Copperopolis</b>		22. COUNTY <b>Calaveras</b>		23. ZIP CODE <b>95228</b>	
24. YRS IN COUNTY <b>3</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>			
26. NAME, RELATIONSHIP <b>James Apostole, Husband</b>			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>2588 Charmstone Way Copperopolis, CA 95228</b>		
28. NAME OF SURVIVING SPOUSE—FIRST <b>James</b>		29. MIDDLE <b>John</b>		30. LAST (MAIDEN NAME) <b>Apostole</b>	
31. NAME OF FATHER—FIRST <b>Aldo</b>		32. MIDDLE <b>-</b>		33. LAST <b>Hartley</b>	
34. BIRTH STATE <b>TN</b>		35. NAME OF MOTHER—FIRST <b>Sadie</b>		36. MIDDLE <b>-</b>	
37. LAST (MAIDEN) <b>Townsend</b>		38. BIRTH STATE <b>TN</b>			
39. DATE M/M/D/D/CCYY <b>12/29/2000</b>		40. PLACE OF FINAL DISPOSITION <b>James Apostole RES; 2588 Charmstone Way Copperopolis, CA 95228</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>Heuton Memorial Chapel</b>		45. LICENSE NO. <b>FD 362</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>David W. Wynne</i>	
47. DATE M/M/D/D/CCYY <b>12/27/2000</b>					
101. PLACE OF DEATH <b>Sonora Community Hospital</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DDA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY <b>Tuolumne</b>		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1 S. Forest Rd.</b>			
106. CITY <b>Sonora</b>		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. TIME INTERVAL BETWEEN ONSET AND DEATH <b>5 Min.</b>	
IMMEDIATE CAUSE (A) <b>Cardiac Arrest</b>				109. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B) <b>Heart Arrhythmia</b>				110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) <b>Atherosclerosis</b>				111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Dementia, Hypertension, Hypercholesterolemia</b>					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</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 M/M/DD/CCYY <b>02/10/2000</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Johnson Wong MD</i>		116. LICENSE NO. <b>G-79608</b>	
115. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Johnson Wong 193 S. Fairview Ln. Sonora, CA 95370</b>		117. DATE M/M/D/D/CCYY <b>12/27/2000</b>	
118. 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		119. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		120. INJURY DATE M/M/D/D/CCYY	
121. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		122. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		123. HOUR	
124. SIGNATURE OF CORONER OR DEPUTY CORONER		125. DATE M/M/D/D/CCYY		126. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR					

205 8066

James Apostole 1803 West Welsford Dr Spring, Tx 77386

Wehn recorded return to:

0574059

BK0403PG09267

31243

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF TUOLUMNE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.

DATE ISSUED **07/30/2002**

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Assessor-Recorder.

*David W. Wynne*

DAVID W. WYNNE TUOLUMNE COUNTY ASSESSOR-RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY  
**FIRST AMERICAN TITLE CO.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2003 APR 18 PM 4:19

WERNER CHRISTEN  
RECORDER  
\$16<sup>00</sup> PAID *Kg* DEPUTY

0574059  
BK0403PG09268

