

COUNTY of ALPINE

MARKLEEVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200702000004

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) SHERMAN 2. MIDDLE LAYNE 3. LAST (Family) GLETTIG

4. DATE OF BIRTH mm/dd/yyyy 01/25/1942 5. AGE Yrs. 65 6. NUMBER ONE YEAR 7. UNDER 24 HOURS 8. SEX M

9. BIRTH STATE/FOREIGN COUNTRY CA 10. SOCIAL SECURITY NUMBER [REDACTED] 11. EVER IN U.S. ARMED FORCES? YES [] NO [X] 12. MARITAL STATUS/PROP. at Time of Death MARRIED 13. DATE OF DEATH mm/dd/yyyy 07/27/2007 14. HOUR (24 Hours) 1538

13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE 1475. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) YES [] NO [X] 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COPY MACHINE TECHNICIAN 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.) REPAIR SERVICE 19. YEARS IN OCCUPATION 20

20. DECEDENT'S RESIDENCE (Street and number, or location) 606 PLEASANT VALLEY ROAD

21. CITY MARKLEEVILLE 22. COUNTY/PROVINCE ALPINE 23. ZIP CODE 96120 24. YEARS IN COUNTY 23 25. STATE/FOREIGN COUNTRY CA

26. INFORMANT'S NAME, RELATIONSHIP DORANNA GLETTIG - SPOUSE 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) P.O. BOX 125, MARKLEEVILLE, CA 96120

28. NAME OF SURVIVING SPOUSE/PROP - FIRST DORANNA 29. MIDDLE JOYCE 30. LAST (BIRTH NAME) HUARTSON

31. NAME OF FATHER/PARENT - FIRST HERMAN 32. MIDDLE 33. LAST GLETTIG 34. BIRTH STATE KS

35. NAME OF MOTHER/PARENT - FIRST GWENDOLYN 36. MIDDLE 37. LAST (BIRTH NAME) MCDOWELL 38. BIRTH STATE MI

39. DISPOSITION DATE mm/dd/yyyy 08/07/2007 40. PLACE OF FINAL DISPOSITION FREDRICKSBURG CEMETERY, 1300 FOOTHILL RD., FREDRICKSBURG, CA 96120

41. TYPE OF DISPOSITION CR/BU 42. SIGNATURE OF EMBALMER NOT EMBALMED 43. LICENSE NUMBER

44. NAME OF FUNERAL ESTABLISHMENT MC FARLANE MORTUARY 45. LICENSE NUMBER FD1180 46. SIGNATURE OF LOCAL REGISTRAR Carol McElroy 47. DATE mm/dd/yyyy 08/03/2007

101. PLACE OF DEATH RESIDENCE 102. IF HOSPITAL, SPECIFY ONE: F [] E/OP [] OCA [] 103. IF OTHER THAN HOSPITAL, SPECIFY ONE: Nursing Home [] Detention Hospital [] Other []

104. COUNTY ALPINE 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 606 PLEASANT VALLEY ROAD 106. CITY MARKLEEVILLE

107. CAUSE OF DEATH (See the table of deaths - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory failure, without showing the etiology. DO NOT ABBREVIATE.) IMMEDIATE CAUSE (A) HEMOPERICARDIUM (B) RUPTURED MYOCARDIAL INFARCTION 108. DEATH REPORTED TO CORONER OR AT DEATH MNS - 07-846 109.opsy PERFORMED? YES [X] NO [] 110. AUTOPTOY PERFORMED? YES [] NO [] 111. USED IN (DETERMINED) CAUSE? YES [X] NO []

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. ATHEROSCLEROTIC-CARDIOVASCULAR AND HYPERTENSIVE DISEASE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO 114. IF FEMALE, PREGNANT IN LAST YEAR? YES [] NO [X] UNK []

114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 115. SIGNATURE AND TITLE OF CERTIFIER 116. LICENSE NUMBER 117. DATE mm/dd/yyyy

(A) mm/dd/yyyy (B) mm/dd/yyyy 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH [X] Natural [] Accident [] Suicide [] Hanging [] Investigation [] Could not be determined [] YES [X] NO [] UNK [] 120. INJURED AT WORK? YES [X] NO [] UNK [] 121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours)

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/yyyy 128. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER SGT. A. RONALD MICHITARTAN

STATE REGISTRAR A B C D E FAX AUTH. CENSUS TRACT

BK 2 PG 239 INDEXED

CAROL McELROY Alpine County Recorder

Signature of Deputy: JANE SY DEPUTY

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CERTIFIED COPY OF VITAL RECORDS - STATE OF CALIFORNIA, COUNTY OF ALPINE

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

DATE ISSUED 08/03/2007

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

