

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER
COUNTY OF MARIPOSA
MARIPOSA, CALIFORNIA

2008 079280

CERTIFICATE OF DEATH

3200722000078

1. NAME OF DECEDENT - FIRST (Given) OTTORINA		2. MIDDLE MARY		3. LAST (Family) BONAVENTURA	
4. DATE OF BIRTH mm/dd/ccyy 02/02/1927					
5. AGE Yrs. 80					
6. SEX F					
9. BIRTH STATE/FOREIGN COUNTRY ITALY		10. SOCIAL SECURITY NUMBER 310-42-9413		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDOP (at Time of Death) DIVORCED		7. DATE OF DEATH mm/dd/ccyy 08/13/2007 FND		8. HOUR (24 Hours) 1635	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR'S <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COMPUTER PROGRAMMER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COMPUTER		
19. YEARS IN OCCUPATION 22					
20. DECEDENT'S RESIDENCE (Street and number or location) 253 BARBARAJEAN DR.					
21. CITY SCHEREVILLE		22. COUNTY/PROVINCE LAKE		23. ZIP CODE 46375	
24. YEARS IN COUNTY 60		25. STATE/FOREIGN COUNTRY INDIANA			
26. INFORMANT'S NAME, RELATIONSHIP TONY BONAVENTURA - SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8813 PARK PLACE DR., HIGHLAND, IN 46322		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST OTTORINO		32. MIDDLE -		33. LAST VENDITTELLI	
34. BIRTH STATE ITALY		35. NAME OF MOTHER/PARENT - FIRST WANDA		36. MIDDLE -	
37. LAST (BIRTH NAME) UNK		38. BIRTH STATE ITALY			
39. DISPOSITION DATE mm/dd/ccyy 08/23/2007					
40. PLACE OF FINAL DISPOSITION RES: TONY BONAVENTURA, 8813 PARK PLACE DR., HIGHLAND, IN 46322					
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT MARIPOSA FUNERAL HOME		45. LICENSE NUMBER FD-671		46. SIGNATURE OF LOCAL REGISTRAR <i>Peggy Holinga Katona</i>	
47. DATE mm/dd/ccyy 08/21/2007					
101. PLACE OF DEATH YOSEMITE NATIONAL PARK					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other					
104. COUNTY MARIPOSA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) UPPER ECHO CREEK DRAINAGE		106. CITY YOSEMITE	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT list terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) UNDETERMINED					
108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED? (CT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? (DT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
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: (A) mm/dd/ccyy (B) mm/dd/ccyy		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NUMBER 117. DATE mm/dd/ccyy	
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: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. INJURY DATE mm/dd/ccyy		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 <i>[Signature]</i>		127. DATE mm/dd/ccyy 08/21/2007		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER GAIL SGAMBELLONE, DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

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NOV 18 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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000016372 **CERTIFIED COPY OF VITAL RECORDS**
STATE OF CALIFORNIA, COUNTY OF MARIPOSA

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

DATE ISSUED **AUG 21 2007**

By: *[Signature]*, Deputy

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE