

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SAN DIEGO

ASSESSOR/RECORDER/COUNTY CLERK

**CERTIFICATE OF DEATH**      **8000 15735**

<b>0902</b>	<b>STATE FILE NUMBER</b>		<b>STATE OF CALIFORNIA</b>		<b>LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER</b>		
	1A. NAME OF DECEDENT—FIRST <b>Donna</b>		1B. MIDDLE <b>Marie</b>	1C. LAST <b>Gentile</b>	2A. DATE OF DEATH (MONTH, DAY, YEAR)   2B. HOUR <b>FOUND June 23, 1985</b> <b>2000</b>		
	3. SEX <b>Female</b>	4. RACE/ETHNICITY <b>Caucasian</b>	5. SPANISH/Hispanic <b>NO</b>	6. DATE OF BIRTH <b>August 22, 1962</b>		7. AGE <b>22</b> YEARS	IF UNDER 1 YEAR MONTHS   DAYS
<b>DECEDENT PERSONAL DATA</b> <b>GENTILE.</b> <b>CG 1267-85</b>	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>PA</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Louis Francis Gentile - PA</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Ellen Mary Coey - PA</b>		
	11A. CITIZEN OF WHAT COUNTRY <b>USA</b>	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE <b>19 -- -- TO 19 -- --</b>	12. SOCIAL SECURITY NUMBER <b>210-50-8937</b>	13. MARITAL STATUS <b>Never Married</b>	14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME		
	15. PRIMARY OCCUPATION <b>Security Guard</b>	16. NUMBER OF YEARS THIS OCCUPATION <b>1 Mo.</b>	17. EMPLOYER OF SELF-EMPLOYED, SO STATE <b>Timmins Security</b>	18. KIND OF INDUSTRY OR BUSINESS <b>Security</b>			
<b>USUAL RESIDENCE</b>	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)   19B. <b>4794 Utah Street</b>			19C. CITY OR TOWN <b>San Diego</b>			
	19D. COUNTY <b>San Diego</b>		19E. STATE <b>CA</b>	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Ellen Mary Schneider-Mother</b>			
	21A. PLACE OF DEATH <b>Open area</b>		21B. COUNTY <b>San Diego</b>	21C. CITY OR TOWN <b>Levittown, PA 19054</b>			
<b>PLACE OF DEATH</b>	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)   21D. CITY OR TOWN <b>2 mi. N. of Interstate Route 5, 960 ft. W. of Sunrise Highway</b> <b>Mt. Laguna</b>			21E. STATE			
	22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>Pending</b>			APPROX. DATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? <b>Yes</b>		
	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	28. WAS AUTOPSY PERFORMED? <b>Yes</b>		
<b>PHYSICIAN CERTIFICATION</b>	25A. 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- <b>Investigation</b>		25B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>DAVID J. STARK, Coroner</b>	25C. DATE SIGNED <b>6-24-85</b>	25D. PHYSICIAN'S LICENSE NUMBER		
	25E. NATIONAL IDENTIFICATION (ENTER MO., DA, YR.)	25F. LAST SAW DECEASED ALIVE (ENTER MO., DA, YR.)	25G. TYPE PHYSICIAN'S NAME AND ADDRESS				
	29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR		
<b>CORONER'S USE ONLY</b>	33. LOCATION (STREET ADDRESS/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- <b>Investigation</b>			35B. CORONER—SIGNATURE AND DEGREE OR TITLE <b>DAVID J. STARK, Coroner</b>	35C. DATE SIGNED <b>6-24-85</b>		
	35D. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>6438 J.W. Wells</b>						
<b>STATE REGISTRAR</b>	36. DISPOSITION <b>Cremation</b>	37. DATE—MONTH, DAY, YEAR <b>July 9, 1985</b>	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Leneda Crematory, El Cajon, CA.</b>		39. DATE ACCEPTED BY LOCAL REGISTRAR <b>JUL 9 1985</b>		
	40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary</b>	40B. LICENSE NO. <b>1424</b>	41. LOCAL REGISTRAR'S SIGNATURE <b>Ronald E. Thomas, M.D.</b>				
	A.	B.	C.	D.	E.	F.	

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

*Ernest J. Dronenburg, Jr.*

March 23, 2016

Ernest J. Dronenburg, Jr.  
Assessor/Recorder/County Clerk

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CASANDIEO

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

ASSESSOR/RECORDER/COUNTY CLERK

THIS FORM MUST BE COMPLETED IN BLACK INK
AMENDMENT OF MEDICAL AND HEALTH SECTION DATA-DEATH

8000 15735

Form with fields for: TYPE CERTIFICATE NUMBER (CC 1267-85), IDENTIFICATION OF THE RECORD (0903), ORIGINALY REPORTED INFORMATION (Death caused by Pending), INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALY REGISTERED CERTIFICATE (Death caused by Asphyxia), DECLARATION OF CERTIFYING PHYSICIAN OR CORONER (David J. Stark), REGISTRAR'S OFFICE (Ronald L. Roman, M.D.), and DATE ACCEPTED (MAR 14 1986).

NOT VALID DOCUMENT TO ESTABLISH IDENTITY

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Ernest J. Dronenburg, Jr.

March 23, 2016

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