

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH / 0700 04546

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST WYLDA		1B. MIDDLE BARON		11C. LAST NIMIDOFF		2A. DATE OF DEATH (MONTH, DAY, YEAR) November 25, 1986		2B. HOUR 1430
3. SEX Female		4. RACE/ETHNICITY Cauc.		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH July 7, 1905		7. AGE 81 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) NJ		9. NAME AND BIRTHPLACE OF FATHER Anthony Baron - Italy			10. BIRTH NAME AND BIRTHPLACE OF MOTHER Jean Bottonley - Italy			
11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19** TO 19**		12. SOCIAL SECURITY NUMBER 124 20 2736		13. MARITAL STATUS Widowed		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) * * *
15. PRIMARY OCCUPATION Homemaker		16. NUMBER OF YEARS THIS OCCUPATION Adult Life		17. EMPLOYER IF SELF-EMPLOYED, SO STATE Self Employed		18. KIND OF INDUSTRY OR BUSINESS Homemaking		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4110 Alhambra Way		19B. Martinez		19C. CITY OR TOWN Martinez		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Joe Nimidoff - Son 981 Vermont Street Oakland, CA 94610		
19D. COUNTY Contra Costa County		19E. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP				
21A. PLACE OF DEATH Martinez Conv. Hospital		21B. COUNTY Contra Costa		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP				
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4110 Alhambra Way		21D. CITY OR TOWN Martinez		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP				
22. DEATH WAS CAUSED BY IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) <u>CARDIO-PULMONARY ARREST</u> ◀ <u>ACUTE</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE. (B) <u>ASCVD</u> ◀ <u>10 YEARS</u> DUE TO, OR AS A CONSEQUENCE OF (C) _____ DUE TO, OR AS A CONSEQUENCE OF LYING CAUSE LAST.		24. WAS DEATH REPORTED TO CORONER? <u>No</u>		25. WAS BIOPSY PERFORMED? <u>No</u>		26. WAS AUTOPSY PERFORMED? <u>No</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A <u>PRIMARY DEGENERATIVE DEMENTIA</u>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE				
28A. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ATTENDED DECEDENT SINCE (ENTER MO, DA, YR.) <u>8/1/85</u>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <u>Dennis L. Stone, M.D., 1026 Oak Grove Rd., Concord, CA</u>		28C. DATE SIGNED <u>11/26/86</u>		28D. PHYSICIAN'S LICENSE NUMBER <u>625495</u>		28E. 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
33. LOCATION (STREET AND 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-INVIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED				
36. DISPOSITION <u>Burial</u>		37. DATE—MONTH, DAY, YEAR <u>Dec 1, 1986</u>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <u>Bellevue Memory Gardens, Daytona Beach, FL</u>		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <u>7448 [Signature]</u>		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <u>Connolly & Taylor Chapel</u>		40B. LICENSE NO. <u>F-154</u>		41. LOCAL REGISTRAR—SIGNATURE <u>[Signature]</u>		42. DATE ACCEPTED BY LOCAL REGISTRAR <u>11/28/86</u>		
STATE REGISTRAR		D.		E.		F.		

VS-11 (1-85)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA } SS



This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

ATTEST: [Signature]
DATE ISSUED: MAY 29 2014

[Signature]
CONTRA COSTA COUNTY RECORDER

This copy not valid unless prepared on engraved border displaying date and signature of Deputy Recorder.

