

**STATE OF CALIFORNIA—DEPARTMENT OF HEALTH**  
**OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS**

1200

174

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME <b>Romano</b>		1b. MIDDLE NAME <b>- - -</b>		1c. LAST NAME <b>Gabriel</b>		2a. DATE OF DEATH—MONTH, DAY, YEAR <b>Mar. 19, 1977</b>		2b. HOUR <b>10:50 P.M.</b>		
	3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Italy</b>		6. DATE OF BIRTH <b>Feb. 15, 1896</b>		7. AGE (LAST BIRTHDAY) <b>81</b> YEARS		IF UNDER 1 YEAR	IF UNDER 24 HOURS	
	8. NAME AND BIRTHPLACE OF FATHER <b>Giovanni Gabriel - Italy</b>	10. CITIZEN OF WHAT COUNTRY <b>USA</b>	11. SOCIAL SECURITY NUMBER <b>573-46-0534 A</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>- - -</b>				
	14. LAST OCCUPATION <b>Woodsmen/ Carpenter</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>45</b>	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>Various Lumber Co.'s</b>		17. KIND OF INDUSTRY OR BUSINESS <b>Lumber</b>					
PLACE OF DEATH	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>General Nursing Homr</b>				18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>2200 Harrison Avenue</b>				18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>		
	18d. CITY OR TOWN <b>Eureka</b>				18e. COUNTY <b>Humboldt</b>		18f. LENGTH OF STAY IN COUNTY OF DEATH <b>70</b> YEARS		18g. LENGTH OF STAY IN CALIFORNIA <b>70</b> YEARS		
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1415 Pine Street</b>				19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Mr. Stan Dixon Courthouse Eureka, Calif. 95501</b>				
	19c. CITY OR TOWN <b>Eureka</b>		19d. COUNTY <b>Humboldt</b>		19e. STATE <b>Calif.</b>						
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. <b>Investigation</b> (INVESTIGATION OR INQUIRY)		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. FROM _____ TO _____ AND _____ (ENTER MONTH, DAY, YEAR) (ENTER MONTH, DAY, YEAR) (ENTER MONTH, DAY, YEAR)		21c. PHYSICIAN OR CORONER'S SIGNATURE AND DEGREE OR TITLE <b>Edward L. Nelson, Coroner</b>		21d. DATE SIGNED <b>3/23/77</b>		21f. ADDRESS <b>Eureka, Calif.</b>		21e. ADDRESS
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. SPECIFY BURIAL, ENTONNMENT OR CREMATION <b>Burial</b>		22b. DATE <b>3/24/77</b>		23. NAME OF CEMETERY OR CREMATORY <b>St. Bernard's Cemetery</b>		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>Byron E. Jaganan 6569</b>		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Sanders Funeral Home</b>		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) <b>Yes</b>
	27. LOCAL REGISTRAR SIGNATURE <b>Paul H. Anderson</b>		28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR <b>MAR 23 1977</b>								
MEDICAL AND HEALTH DATA	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C										
	CAUSE OF DEATH	(A) <b>Cardiopulmonary failure</b>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.										
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY— MONTH, DAY, YEAR		36b. HOUR		
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19. MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)		
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)										
STATE REGISTRAR	A.	B.	C.	D.	E.	F.					

VS 11-10-73

HUMBOLDT COUNTY RECORDER

This instrument is a correct copy of the original on file in this office. **AUG 14 1985**

*Edw. Jackson*  
Date  
Edw. Jackson, Humboldt Co. Recorder