

**CERTIFICATE OF DEATH
STATE OF NEW MEXICO**

006396

THIS IS A LEGAL DOCUMENT

1. PLACE OF DEATH a. COUNTY Sandoval		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE New Mexico b. COUNTY Bernalillo	
b. CITY (If outside corporate limits, write OR TOWN) Jemez		c. LENGTH OF STAY (in this place) 40 years	
d. FULL NAME OF (If NOT in hospital or institution, give street address or location) Fenton Lake		c. CITY (If outside corporate limits, write RURAL) OR TOWN Albuquerque	
d. STREET ADDRESS 303 Placitas Road, N.W. - 87107		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) JOHN CHARLES BOTTARINI, Sr.		4. DATE OF DEATH October 8, 1976	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 14, 1908
9. AGE (In years' If Under 1 Year If Under 24 Hrs. lay Birthdays Months Days Hrs. Min.) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (State or foreign country) Crockett, California		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Bottarini		14a. MOTHER'S MAIDEN NAME Francesca Noe	
14b. HUSBAND or WIFE of Decedent (Whether living or not) Hazel Bottarini		16. SOCIAL SECURITY NO. 566 09 1400	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 3/43-9/45		17. INFORMANT'S NAME Hazel Bottarini, same address	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). E8308		MEDICAL CERTIFICATION Interval Between Onset and Death	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Drowning ANTECEDENT CAUSES DUE TO (b) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)	
ii. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		20b. IF YES, were findings considered in determining cause of death (COUNTY) (STATE)	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake	
21c. (CITY OR TOWN) Rural		(COUNTY) (STATE) Sandoval New Mexico	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10/7/76 3:30P M.		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While <input checked="" type="checkbox"/> Work at Work Drowned following overturn of boat	
22a. MEDICAL CERTIFICATE I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him _____ alive on _____ 19 _____ and that death occurred at _____ M. on the date stated above.		22b. HEALTH OFFICER'S OR CORONER'S CERTIFICATE I hereby certify that an investigation _____ was held autopsy, inquest or investigation on the remains of the deceased and it was determined from such action that deceased came to h.S. _____ death at 2:00P M. on the date and from the causes stated above.	
23a. SIGNATURE <i>Allen M Jones MS MD</i>		23b. ADDRESS Office of the Chief Medical Investigator Medical School, UNM, Albuquerque, NM	
23c. DATE SIGNED 10/12/76			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE PERMIT ISSUED 10/11/76	
24c. DATE OF DISPOSAL 10/11/76		24d. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park	
24e. LOCATION (City, town, or county) (State) Albuquerque, New Mexico			
25. DATE REC'D BY LOCAL REG. 10/18/76		26. REGISTRAR'S SIGNATURE <i>Leticia Crawford</i>	
27. FUNERAL DIRECTOR ADDRESS French Mortuary, Albuquerque, New Mexico			