

STATE 67-021200
FILE
NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND 3400 719
CERTIFICATE NUMBER

1A. NAME OF DECEASED—FIRST NAME Vincent		1B. MIDDLE NAME Charles		1C. LAST NAME CASTINO		2A. DATE OF DEATH—MONTH, DAY, YEAR March 6, 1967		2B. HOUR 1: P. M.	
3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		6. DATE OF BIRTH October 11, 1917		7. AGE (LAST BIRTHDAY) 49 YEARS		IF UNDER 1 YEAR IF UNDER 28 HOURS	
8. NAME AND BIRTHPLACE OF FATHER Gaetano Castino - Italy			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Lena Gallo - Italy			10. CITIZEN OF WHAT COUNTRY U.S.A.		11. SOCIAL SECURITY NUMBER 322-14-1813	
12. LAST OCCUPATION District Mgr.		13. NUMBER OF YEARS IN THIS OCCUPATION 13		14. NAME OF LAST EMPLOYING COMPANY OR FIRM Sacramento Bee		15. KIND OF INDUSTRY OR BUSINESS Newspaper			
16. IF DECEASED HAS EVER IN U.S. ARMED FORCES GIVE WAR OR DATE OF SERVICE		17. SPOUSE: MARRIED NEVER MARRIED DIVORCED		18A. NAME OF PRESENT SPOUSE Lois Castino		18B. PRESENT OR LAST OCCUPATION OF SPOUSE Office Clerk			

19A. PLACE OF DEATH—NAME OF HOSPITAL Sutter General Hospital		19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 28th & L Streets				19C. CITY OR TOWN Sacramento		19D. COUNTY Sacramento		19E. LENGTH OF STAY IN COUNTY OF DEATH 15 YEARS		19F. LENGTH OF STAY IN CALIFORNIA 15 YEARS	
20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 7401 Circle Parkway		20B. IF INSIDE CITY CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE		IF OUTSIDE CITY CORPORATE LIMITS ON A FARM <input type="checkbox"/> NOT ON A FARM <input type="checkbox"/>		21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE)		21B. ADDRESS OF INFORMANT					
20C. CITY OR TOWN Sacramento		20D. COUNTY Sacramento		20E. STATE California									

22A. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I ATTENDED THE DECEASED FROM March 6, 1967 AND THAT I LAST SAW THE DECEASED ALIVE ON March 6, 1967		22C. PHYSICIAN OR CORONER—SIGNATURE <i>John M. Baker</i>		DEGREE OR TITLE	
22B. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I HAVE FILED		22E. ADDRESS 5301 F Sacramento		22F. DATE SIGNED 3/12/67	
AN INVESTIGATION AT THE PLACE OF DEATH ON THE REMAINS OF DECEASED AS REQUIRED BY LAW					

23. SPELLIFY BURIAL (ENTOMBMENT) OR CREMATION Burial		24. DATE March 9, 1967		25. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		26. EMBALMER—SIGNATURE (IF BODY EMBALMED): LICENSE NUMBER <i>W.E. Bailey</i> 3395	
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) A.J. Nicoletti Funeral Home				28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR MAR 8 1967		29. LOCAL REGISTRAR—SIGNATURE <i>William M. ...</i>	

103 X 163 X 2		30. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Acute myocardial infarction CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST DUE TO (B): PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		ENTER ONLY ONE CAUSE (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MM) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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31. OPERATION—CHECK ONE: <input type="checkbox"/> NO OPERATION PERFORMED <input checked="" type="checkbox"/> OPERATION PERFORMED		32. DATE OF OPERATION Nov 1, 1966		33. AUTOPSY—CHECK ONE: <input type="checkbox"/> AUTOPSY NOT PERFORMED <input checked="" type="checkbox"/> AUTOPSY PERFORMED	
34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34B. DESCRIBE HOW INJURY OCCURRED			
35A. TIME OF INJURY		35B. INJURY OCCURRED			
35C. PLACE OF INJURY		35D. CITY, TOWN, OR LOCATION			