

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
CLERK-RECORDER

CERTIFICATE OF DEATH 3-200230 003724

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) RICHARD		3. LAST (FAMILY) CIACCIA	
4. DATE OF BIRTH M/M/DD/CCYY 12/18/1925		6. SEX M	
5. AGE YRS. 76		7. DATE OF DEATH M/M/DD/CCYY 03/13/2002	
8. HOUR 0345		12. MARITAL STATUS MARRIED	
9. STATE OF BIRTH NY		13. EDUCATION—YEARS COMPLETED 12	
10. SOCIAL AFFILIATION		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. OCCUPATION REAL ESTATE BROKER/LOAN BROKER		18. USUAL EMPLOYER CENTURY 21	
19. KIND OF BUSINESS REAL ESTATE		19. YEARS IN OCCUPATION 45	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 11371 MONTSERRAT ST.			
21. CITY CYPRESS		23. ZIP CODE 90630	
22. COUNTY ORANGE		25. STATE OR FOREIGN COUNTRY CA	
24. YRS IN COUNTY 40		26. NAME, RELATIONSHIP RUTH J. CIACCIA - WIFE	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 11371 MONTSERRAT ST., CYPRESS, CA 90630			
28. NAME OF SURVIVING SPOUSE—FIRST RUTH		30. LAST (MAIDEN NAME) SAVAGE	
29. MIDDLE JUANITA		31. LAST CIACCIA	
32. BIRTH STATE NY		33. NAME OF FATHER—FIRST RALPH	
34. MIDDLE LILLIAN		35. LAST (MAIDEN) SIANI	
36. BIRTH STATE NY		37. DATE M/M/R/D/CCYY 03/19/2002	
40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK, 4471 LINCOLN AVENUE, CYPRESS, CA 90630			
41. TYPE OF DISPOSITION BURIAL		42. SIGNATURE OF EMBALMER <i>Herbie W. ...</i>	
43. LICENSE NO. 7914		44. NAME OF FUNERAL DIRECTOR FOREST LAWN MORTUARY, CYPRESS	
45. LICENSE NO. FD-1051		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark B. ...</i>	
47. DATE M/M/DD/CCYY 03/18/2002		48. SIGNATURE OF LOCAL REGISTRAR	
101. PLACE OF DEATH LOS ALAMITOS MED. CENTER		102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> CONV. HOME <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
103. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 3751 KATELLA AVE.		104. COUNTY ORANGE	
105. CITY LOS ALAMITOS		106. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) REFRACTORY VENTRICULAR FIBRILLATION DUE TO (B) SEVERE ARTERIOSCLEROTIC CARDIOMYOPATHY DUE TO (C) ARTERIOSCLEROTIC HEART DISEASE DUE TO (D)		108. TIME INTERVAL BETWEEN ONSET AND DEATH 15 MINS. 109. YEARS 10 YEARS 12 YEARS	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 CONGESTIVE HEART FAILURE, RENAL INSUFFICIENCY		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE. CORONARY ARTERY BYPASS GRAFT --/--/1998 IMPLANTABLE DEFIBRILLATOR 02/10/2001			
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. RECORD—ATTENDED SINCE M/M/DD/CCYY 02/05/2001		114. SIGNATURE AND TITLE OF CERTIFIER <i>Alan M. Gold</i>	
115. LICENSE NO. 633821		117. DATE M/M/DD/CCYY 03/14/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ALAN M. GOLD M.D., 3801 KATELLA AVE., LOS ALAMITOS, CA 90720			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. HANDED OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		122. HOUR 123. PLACE OF INJURY	
124. SIGNATURE OF CORONER OR DEPUTY CORONER			
125. DATE M/M/DD/CCYY		126. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR			

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CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA } SS.
 COUNTY OF ORANGE }
 DATE ISSUED **JAN 17 2014**

Hugh Nguyen
 HUGH NGUYEN
 CLERK-RECORDER
 ORANGE COUNTY, CALIFORNIA

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 PBNCO (REV) 0013

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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