

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

50 135

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
17A. NAME OF DECEDENT—FIRST			18. MIDDLE	17C. LAST	
Vasken			Garabed	Berberian	
2A. DATE OF DEATH (MONTH, DAY, YEAR)			2B. HOUR		
January 24, 1985			1657		
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH		
Male	White/Armenian	X	December 25, 1908		
7. AGE	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HOURS DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES	
76 YEARS					
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Turkey		Garabed Berberian - Turkey		Sultan Mahakian - Turkey	
11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		
U.S.A.	021-07-7511	Married	Bizar Hatzakortzian		
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS		
co-owner/operator	30	self	Nut processing		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.		19C. CITY OR TOWN
401 Hamden Lane					Modesto
19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Stanislaus	CA	Carol Berberian / daughter			
21A. PLACE OF DEATH	21B. COUNTY	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Memorial Hospital	Stanislaus	905 Providence Way			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN				
1700 Coffee Road	Modesto				
22. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				
CONDITIONS, IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST.	(A) Myocardial Infarct	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	
	DUE TO, OR AS A CONSEQUENCE OF		Yes	No	
	(B) Occlusion of Coronary Artery, Left		No	26. WAS AUTOPSY PERFORMED?	
	DUE TO, OR AS A CONSEQUENCE OF		Yes	Yes	
	(C) Arteriosclerosis, generalized, severe				
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22, OR 23? TYPE OF OPERATION	DATE			
	No				
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER		
I ATTENDED DECEDENT SINCE (ENTER MO, DA, YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.)				
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/INVESTIGATION	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED			
Investigation	Deputy Coroner	1/28/85			
36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
Burial	1-28-1985	Lakewood Memorial Park, Hughson, CA.	7298		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR		
FRANKLIN & DOWNS FUNERAL HOME	1259	Ken Kelly M.D.	JAN 28 1985		
STATE REGISTRAR	A.	B.	C.	D.	E.

I CERTIFY THIS INSTRUMENT TO BE A TRUE CERTIFIED COPY OF THE RECORD IN THIS OFFICE.  
ATTEST OCT 4 1985

DAVID A. WURM, RECORDER  
STANISLAUS COUNTY, CALIF.  
BY: Barry Juncivalle  
Deputy Recorder

