

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

8000 15735

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
0902	1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR			
	Donna	Marie	Gentile	FOUND June 23, 1985		2000			
	3. SEX	4. RACE/ETHNICITY	5. SPANISH/PORTUGUESE	6. DATE OF BIRTH		7. AGE			
	Female	Caucasian	NO	August 22, 1962		22 YEARS			
DECEDENT PERSONAL DATA	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER				
	PA		Louis Francis Gentile - PA		Ellen Mary Coey - PA				
	11A. CITIZEN OF ANY COUNTRY		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
CC 1267-85	USA		19 -- TO 19 --		210-50-8937		Never Married		
	15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		
Security Guard		1 Mo.		Timmins Security		Security			
USUAL RESIDENCE	18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.		19C. CITY OR TOWN			
	4794 Utah Street					San Diego			
PLACE OF DEATH	18D. COUNTY			19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
	San Diego			CA, 92116		Ellen Mary Schneider—Mother			
	21A. PLACE OF DEATH			21B. COUNTY		21C. CITY OR TOWN			
Open area			San Diego		Levittown, PA 19054				
CAUSE OF DEATH	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN		21E. STATE			
	2 mi. N. of Interstate Route 7800			Mt. Laguna					
	ft. W. of Sunrise Highway								
963 CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			23. IMMEDIATE CAUSE		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		25. WAS DEATH REPORTED TO CORONER?	
				Pending				Yes	
	(A) DUE TO, OR AS A CONSEQUENCE OF			(B) DUE TO, OR AS A CONSEQUENCE OF		(C) DUE TO, OR AS A CONSEQUENCE OF		26. WAS EMPHYSEMA PERFORMED?	
								Yes	
22. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 27?		27B. TYPE OF OPERATION		DATE		
PHYSICIAN'S CERTIFICATION	28A. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES (ATTACHED INCIDENT SINCE LAST SAW DECEDENT, ALIVE (ENTER MO., DA, YR.))			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
INJURY INFORMATION	29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
								32B. HOUR	
CORONER'S USE ONLY	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
DISPOSITION	35A. CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUIRY—INVESTIGATION)			35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED			
	Investigation			DAVID J. STARK, Coroner		6-24-85			
STATE REGISTRAR	36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
	Cremation		July 9, 1985		Leneda Crematory, El Cajon, CA.		6438 J.W. Wells		
REGISTRAR	40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		
	Mayer Mortuary		1424		Donald E. ...		JUL 9 1985		
A.		B.		C.		D.		E.	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

Ernest J. Dronenburg, Jr.

March 23, 2016

Ernest J. Dronenburg, Jr.
Assessor/Recorder/County Clerk

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

ASSESSOR/RECORDER/COUNTY CLERK

THIS FORM MUST BE COMPLETED IN BLACK INK
AMENDMENT OF MEDICAL AND HEALTH SECTION DATA-DEATH

8000 15735
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a FIRST NAME: Donna, 1b MIDDLE NAME: Marie, 1c LAST NAME: Gentile
2 PLACE OF OCCURRENCE: Mt. Laguna, 2 of 2
3 DATE OF EVENT: FOUND June 23, 1985, 4 DATE ORIGINAL FILED: July 9, 1985

0903 INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Pending
24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED?
26. WAS AUTOPSY PERFORMED? Yes
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?
29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY
31. INJURY AT WORK
32A. DATE OF INJURY: FOUND June 23, 1985
32B. HOUR: 2000
33. LOCATION:
34. DESCRIBE HOW INJURY OCCURRED: BEATEN AND STRANGLING BY ANOTHER PERSON

INFORMATION AS IT SHOULD BE STATED ON THE ORIGINALLY REGISTERED CERTIFICATE
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Asphyxia
24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? Yes
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No
29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY: Found, open area
31. INJURY AT WORK: No
32A. DATE OF INJURY: FOUND June 23, 1985
32B. HOUR: 2000
33. LOCATION: 1.70 mi. N. of Interstate Route 8, 360 E. W. of Sunrise Highway, Mt. Laguna
34. DESCRIBE HOW INJURY OCCURRED: BEATEN AND STRANGLING BY ANOTHER PERSON

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER
5 I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
6a SIGNATURE OF PHYSICIAN OR CORONER: David J. Stark
6b DATE SIGNED: 3-12-86
7a NAME OF PHYSICIAN OR CORONER: DAVID J. STARK
7b DEGREE OR TITLE: Coroner
7c ADDRESS: 5555 Overland Avenue, San Diego, California

REGISTRAR'S OFFICE
8a OFFICE OF STATE OR LOCAL REGISTRAR: Ronald L. Cannon, M.D.
8b DATE ACCEPTED: MAR 14 1986
STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS
FORM VS-24B (REV. 10-78)

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Ernest J. Dronenburg, Jr.

March 23, 2016 Ernest J. Dronenburg, Jr. Assessor/Recorder/County Clerk

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