

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF MONTEREY

Salinas, California

CERTIFIED COPY OF VITAL RECORDS

3052017139445

#### CERTIFICATE OF DEATH

3201727001334

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given): <b>GEORGE</b>		3. LAST (Family): <b>KRISTE</b>	
2. MIDDLE: <b>V.</b>		4. DATE OF BIRTH: mm/dd/yyyy <b>05/19/1947</b>	
5. AGE Yrs.: <b>70</b>		6. SEX: <b>M</b>	
AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		7. DATE OF DEATH: mm/dd/yyyy <b>07/08/2017</b>	
9. BIRTH STATE/FOREIGN COUNTRY: <b>CA</b>		10. SOCIAL SECURITY NUMBER: <b>557-70-1277</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SRDP* (at Time of Death): <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree: <b>DOCTORATE</b>		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back): <b>CAUCASIAN</b>		16. YEARS IN OCCUPATION: <b>23</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED: <b>OWNER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): <b>BROADCASTING</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location): <b>26041 RIDGEWOOD RD.</b>			
21. CITY: <b>CARMEL</b>		22. COUNTY/PROVINCE: <b>MONTEREY</b>	
23. ZIP CODE: <b>93921</b>		24. YEARS IN COUNTY: <b>1</b>	
25. STATE/FOREIGN COUNTRY: <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP: <b>RAIMIE B. KRISTE, WIFE</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): <b>P.O. BOX 5905, CARMEL, CA 93921</b>		28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST: <b>RAIMIE</b>	
29. MIDDLE: <b>-</b>		30. LAST (BIRTH NAME): <b>BEAUCLAIR</b>	
31. NAME OF FATHER/PARENT-FIRST: <b>VIDE</b>		32. MIDDLE: <b>JOSEPH</b>	
33. LAST (BIRTH NAME): <b>KRISTE</b>		34. BIRTH STATE: <b>CA</b>	
35. NAME OF MOTHER/PARENT-FIRST: <b>LOIS</b>		36. MIDDLE: <b>T.</b>	
37. LAST (BIRTH NAME): <b>CAMPANA</b>		38. BIRTH STATE: <b>CA</b>	
39. DISPOSITION DATE: mm/dd/yyyy <b>07/11/2017</b>		40. PLACE OF FINAL DISPOSITION: <b>RESIDENCE OF RAIMIE B. KRISTE, WIFE, 26041 RIDGEWOOD RD., CARMEL, CA 93923</b>	
41. TYPE OF DISPOSITION(S): <b>CR/RES</b>		42. SIGNATURE OF EMBALMER: <b>NOT EMBALMED</b>	
43. LICENSE NUMBER: <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT: <b>BERMUDEZ FAMILY CREMATIONS AND FUNERALS</b>	
45. LICENSE NUMBER: <b>FD2266</b>		46. SIGNATURE OF LOCAL REGISTRAR: <b>EDWARD L MORENO, MD</b>	
47. DATE: mm/dd/yyyy <b>07/11/2017</b>		48. SIGNATURE OF LOCAL REGISTRAR: <b>EDWARD L MORENO, MD</b>	
101. PLACE OF DEATH: <b>COMMUNITY HOSPITAL OF MONTEREY PENINSULA</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY: <b>MONTEREY</b>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): <b>26325 HOLMAN HIGHWAY</b>		106. CITY: <b>MONTEREY</b>	
107. CAUSE OF DEATH: Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>ATHEROSCLEROTIC CARDIO VASCULAR DISEASE</b>		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO YRS <b>2017-00591</b>	
109. BICPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: <b>NONE</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): <b>NO</b>		113A. IF FEMALE, PRECIPITANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED: Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER: <b>DIANNA L FOSTER</b>	
116. LICENSE NUMBER: <b>DIANNA L FOSTER</b>		117. DATE: mm/dd/yyyy <b>07/10/2017</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: <b>DIANNA L FOSTER</b>		119. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: <b>DIANNA L FOSTER, DEPUTY CORONER</b>	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE: mm/dd/yyyy	
122. HOUR (24 Hours): <b>1122</b>		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.):	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury):			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip):			
126. SIGNATURE OF CORONER / DEPUTY CORONER: <b>DIANNA L FOSTER</b>			
127. DATE: mm/dd/yyyy <b>07/10/2017</b>			
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: <b>DIANNA L FOSTER, DEPUTY CORONER</b>			
STATE REGISTRAR		CENSUS TRACT	

JUL 14 2017

MONTEREY CO. DEPT. OF HEALTH  
STATE OF CALIFORNIA  
COUNTY OF MONTEREY

DATE ISSUED

By DIANNA L FOSTER Local Registrar.

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.  
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PRNCO (REV) 08/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

