

COUNTY OF ORANGE

CLERK-RECORDER

CERTIFICATE OF DEATH

3200830008570

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
ANNA		NEVITT	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
ARABEL		05/01/1931	
5. AGE Yrs.		6. SEX	
77		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
06/13/2008		2209	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
MO		548-36-4268	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
☐ YES ☒ NO ☐ UNK		WIDOWED	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
11		☐ YES ☒ NO	
15. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		16. CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
WAITRESS		RESTAURANT	
19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number or location)	
51		2406 SIERRA VISTA	
21. CITY		22. COUNTY/PROVINCE	
NEWPORT BEACH		ORANGE	
23. ZIP CODE		24. YEARS IN COUNTY	
92660		1	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		REBECCA TEDDER, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE — FIRST	
2406 SIERRA VISTA, NEWPORT BEACH, CA 92660		-	
29. MIDDLE		30. LAST (Maiden Name)	
-		-	
31. NAME OF FATHER — FIRST		32. MIDDLE	
VIRGIL		R.	
33. LAST		34. BIRTH STATE	
HORTON		MO	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
LULA		LEOLA	
37. LAST (Maiden)		38. BIRTH STATE	
GLENN		MO	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
06/18/2008		RIVERSIDE NATIONAL CEMETERY	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/BU		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		PACIFIC VIEW MORTUARY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD 1176		ERIC G. HANDLER, M.D.	
47. DATE mm/dd/yyyy		48. SIGNATURE OF CORONER / DEPUTY CORONER	
06/17/2008		-	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		☐ IP ☐ ER/OP ☐ DCA ☐ Hospice ☐ Nursing Home/LTC ☒ Decedent's Home ☐ Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
ORANGE		2406 SIERRA VISTA	
106. CITY		107. CAUSE OF DEATH	
NEWPORT BEACH		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.	
108. DEATH REPORTED TO CORONER?		109. DEATH REPORTED TO CORONER?	
☒ YES ☐ NO		☒ YES ☐ NO	
110. BIRTH NAME		111. BIRTH DATE	
MIN		08-03562-WI	
112. BIRTH PLACE		113. BIRTH DATE	
MIN		08-03562-WI	
114. BIRTH PLACE		115. BIRTH DATE	
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