

Councillor Toomey
/ all

23

WHEREAS: This City Council was deeply saddened at learning of the death of

Evelyn M. (Resendes) Rego on November 27, 1995;
and

WHEREAS: Evelyn was the beloved wife of
Ernest Rego, and

WHEREAS: _____

WHEREAS: _____

WHEREAS: Evelyn passing will leave a void in the lives
of all of ~~his~~ her surviving friends and

family, her husband Ernest, her children Sandra
Beddugnis, Gerald and George,^{Rego} her daughters-in-
law Diane and Isabelle Rego, her grand children
Steven, Tommy and Jennifer ; and

WHEREAS: Evelyn will be sorely missed by all ~~he~~ she
touched and loved; now therefore be it

RESOLVED: That this City Council go on record extending its deepest sympathy to the family
of Evelyn M. Rego at this time of such personal loss; and
be it further

RESOLVED: That the City Clerk be and hereby is requested to forward a suitably engrossed
copy of this resolution to the Rego family on behalf of
the entire City Council.



City of Cambridge

23.

IN CITY COUNCIL

December 11, 1995

COUNCILLOR TOOMEY
COUNCILLOR BORN
COUNCILLOR DUEHAY
COUNCILLOR GALLUCCIO
COUNCILLOR MYERS
MAYOR REEVES
VICE MAYOR RUSSELL
COUNCILLOR SULLIVAN
COUNCILLOR TRIANTAFILLOU

WHEREAS: This City Council was deeply saddened at learning of the death of
Evelyn M. (Resendes) Rego on November 27, 1995; and

WHEREAS: Evelyn was the beloved wife of Ernest Rego; and

WHEREAS: Evelyn passing will leave a void in the lives of all of her surviving friends and family, her husband Ernest, her children Sandra Beddugnis, Gerald and George Rego, her daughter-in-law Diane and Isabelle Rego, her grandchildren Steven, Tommy and Jennifer; and

WHEREAS: Evelyn will be sorely missed by all she touched and loved; now therefore be it

RESOLVED: That this City Council go on record extending its deepest sympathy to the family of **Evelyn M. Rego** at this time of such personal loss; and be it further

RESOLVED: That the City Clerk be and hereby is requested to forward a suitably engrossed copy of this resolution to the Rego family on behalf of the entire City Council.

In City Council December 11, 1995
Adopted by the affirmative vote of nine members.
Attest:- D. Margaret Drury, City Clerk.

A true copy;

A handwritten signature in cursive script, reading "D. Margaret Drury".

ATTEST:-

D. Margaret Drury
City Clerk

INSTRUCTIONS ON REVERSE SIDE

FOR USE BY

PHYSICIANS AND
MEDICAL EXAMINERS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER

STATE USE ONLY

519

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)
1 Evelyn Mabel Rego		Female	November 27, 1995
PLACE OF DEATH (City/Town)		COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)
4a Somerville		4b Middlesex	4c Somerville Hospital
PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DQA ☐ OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)		SOCIAL SECURITY NUMBER	
5		6 014-12-0602	
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.) 7a NO ☐ YES ☐ Specify:		DECEDENT'S EDUCATION (Highest Grade Completed) 8a High School (9-12) ☐ College (1-4, 5+) ☐	
AGE - Last Birthday (Yr.)		DATE OF BIRTH (Mo., Day, Yr.)	BIRTHPLACE (City and State or Foreign Country)
10a 76		10b Sept. 26, 1919	11 Somerville, Mass.
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		USUAL OCCUPATION (Prior - If retired)	KIND OF BUSINESS OR INDUSTRY
12 Married		13 Ernest Rego	14a Housewife
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY		ZIP CODE	
15a 18 Houghton Street, Somerville, Middlesex, Mass.		15b 02143	
FATHER - FULL NAME		STATE OF BIRTH (If not in US, name country)	MOTHER - NAME (GIVEN) (MAIDEN)
16 Manuel Resendes		17 Portugal	18 Mary Carreira
INFORMANT'S NAME		MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE	RELATIONSHIP
20 Ernest Rego		21 18 Houghton St., Somerville, MA 02143	22 Husband
METHOD OF DISPOSITION ☒ BURIAL ☐ CREMATION ☐ ENTOMBMENT ☐ REMOVAL FROM STATE		FUNERAL SERVICE LICENSEE LICENSE #	
23 ☐ DONATION ☐ OTH. SPEC:		24 Manuel Rogers, Jr. 25 5374	
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)		LOCATION (City/Town, State)	
26a V.A. National Cemetery		26b Bourne, Mass.	
DATE OF DISPOSITION (Mo., Day, Yr.)		NAME AND ADDRESS OF FACILITY	
27 Nov. 29, 1995		28 Rogers Funeral Home, 380 Cambridge St., Cambridge, MA 02141	
29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, anoxia or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE			
Due to (OR AS A CONSEQUENCE OF) WEEKS			
Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. COPD			
Due to (OR AS A CONSEQUENCE OF) YEARS			
CHF			
Due to (OR AS A CONSEQUENCE OF) YEARS			
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.			
30 WAS CASE REFERRED TO M.E.? (Yes or No)		31 WAS AUTOPSY PERFORMED? (Yes or No)	32 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
33		34	35
34 MANNER OF DEATH ☐ NATURAL ☐ HOMICIDE ☐ COULD NOT BE DETERMINED ☐ ACCIDENT ☐ SUICIDE ☐ PENDING INVESTIGATION		DATE OF INJURY (Mo., Day, Yr.)	TIME OF INJURY
35		36	37
DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY - At home, farm, street, factory, office, etc. Specify:	LOCATION (No. & St., City/Town, State)
38a		38b	38c
38a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title) Stephen Murphy, MD		38b On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
39b NOVEMBER 27, 1995		39c	
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		PRONOUNCED DEAD (Mo., Day, Yr.)	
39d		39e	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		LICENSE NO. OF CERTIFIER	
39f STEPHEN MURPHY, MD 236 Highland Ave. Somerville		39g 47892	
WAS THERE AN R.N. PRONOUNCEMENT? Yes or No		IF YES, DATE PRONOUNCED	IF YES, TIME PRONOUNCED
40a		40b	40c
40a		40b	40c
DATE OF PERMIT ISSUED		RECEIVED IN THE CITY/TOWN OF:	
40d November 29, 1995 #248		40e Somerville	
SIGNATURE - BO. OF HEALTH AGENT		CLERK'S SIGNATURE	
40f		40g	

BLACK INK ONLY

R-301-89

REGO

Of Somerville, November 27, Evelyn M. (Resendes), Wife of Ernest. Mother of Sandra Beddugnis, Gerald, George and the late Robert Rego. Mother-in-law of Diane and Isabelle Rego. Grandmother of Steven and Tammy Beddugnis and Jennifer Rego. Funeral from the Rogers Funeral Home, 380 Cambridge St., CAMBRIDGE, Wednesday at 10:00 A.M. Funeral Mass at St. Joseph's Church, Somerville at 11:00. Visiting Hours Tuesday 2:00-4:00 and 7:00-9:00. In lieu of flowers, donations may be made in her memory to the St. Joseph's Church, 264 Washington St., Somerville, MA 02143. Interment at the V.A. National Cemetery in Bourne.

Her

Attn:

Donna Lopez

349-4307

From: Bob Hutchins

Rogers Funeral Home

876-8964

Fax: 876-0216

RECEIVED BY
OFFICE OF CITY CLERK
1995 DEC -7 PM 3:25
CAMBRIDGE MA.

Shred
®

MINIMUM RECYCLED CONTENT

C. Goomey
all

Ordered

That the C Clerk be & hereby is

requested to prepare a suitable Resolution

on the death of Evelyn Rego



City of Cambridge

23.

IN CITY COUNCIL

December 11, 1995

COUNCILLOR TOOMEY
COUNCILLOR BORN
COUNCILLOR DUEHAY
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COUNCILLOR MYERS
MAYOR REEVES
VICE MAYOR RUSSELL
COUNCILLOR SULLIVAN
COUNCILLOR TRIANTAFILLOU

ORDERED: That the City Clerk be and hereby is requested to prepare a suitable resolution on the death of **Evelyn Rego**.

Consent Order #23

Entire Membership
Councillor Toomey and entire membership re: Prepare resolution on the death of Evelyn Rego.

R-974

In City Council December 11, 1995

Order Adopted