

10243

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

11510

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 298		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last ZENA MAE SILANI	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, (if outside corporate limits, so specify) OR LOCATION Klamath Falls		C. CITY, TOWN (if outside corporate limits, so specify) OR LOCATION Klamath Falls	
D. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Presbyterian Intercommunity Hospital		D. STREET ADDRESS, RURAL ROUTE, ETC. 4809 Hilyard	
4. DATE OF DEATH Month Day Year October 8 1966		5. SEX Female	
6. SOCIAL SECURITY NO. 543-10-1934		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. USUAL OCCUPATION (Kind of work done during most of life) LicPrac. Nurse		9. KIND OF BUSINESS OR INDUSTRY Hospital	
10. DATE OF BIRTH Month Day Year January 6 1906		11. NAME OF SPOUSE Peter Silani	
12. BIRTHPLACE (State or Foreign Country) Duquesne, Pennsylvania		13. AGE LAST BIRTHDAY Yrs. 60	
14. NAME OF FATHER Charles Donelson		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	
16. MAIDEN NAME OF MOTHER Bertha Greene		17. IF DECEASED WAS A VETERAN, WHAT WAR? No	
18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cardiac Arrest Endocarditis with mitral & aortic insufficiency DUE TO (B): DUE TO (C): Myocarditis with cardiac failure Interval Between Onset and Death (Years, days, hours, etc.) 1-3 yrs 1 yr		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Peter Silani (Husband)	
20. PART II: Other Significant Conditions contributing to Death but not related to the (terminal) disease or condition given in Part I (a):		21. If deceased was female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other	
24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
26. TIME OF INJURY Hour Minute P. M.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I attended the deceased from or on 9-22-59 to 10-8-66 and that the death occurred at 7:23p m. from the causes and on the date stated above. M. E. Robinson, M.D. (Signature) Klamath Falls, Oregon (Address) 10-11-66 (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 10/11/66	
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills Mem.Gar.		30D. LOCATION (City or Town) State Klamath Falls, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR 10-12-66		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Ward Klamath Falls, Oregon			

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

S. M. Kerron, M.D.
Registrar Vital StatisticsBy Marian Ackerman
Deputy
Date October 12, 1966

VOID IF ALTERED

VS-16 2/56

STATE OF OREGON; COUNTY OF KLAMATH; A.

Filed for record at request of Peter Silani
this 3 day of Nov 1966 at 12:30 o'clock P. M., and
duly recorded in Vol. M-66, of Deeds on Page 11510

FORREY ROBERTS, County Clerk

By Forrey Roberts

150

16