

10718  
OREGON STATE BOARD OF HEALTH M-66 12074  
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 142		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last Mary Elizabeth Giacomini		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls C. LENGTH OF STAY IN 2B 50 yrs		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Merrill D. STREET ADDRESS, RURAL ROUTE, ETC. Merrill, Oregon	
4. DATE OF DEATH Month Day Year April 20 1966		5. SEX Female	
6. SOCIAL SECURITY NO.		7. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. USUAL OCCUPATION (Kind of work done during most of life) Housewife		10. KIND OF BUSINESS OR INDUSTRY	
12. DATE OF BIRTH Month Day Year June 6 1872		13. AGE LAST BIRTHDAY 93	
14. BIRTHPLACE (State or Foreign Country) Minneapolis, Minnesota		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Foreign Country Name of Country	
17. NAME OF FATHER James J. Dillon		18. MAIDEN NAME OF MOTHER Margaret Tuohy	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Mrs. Offield, daughter		16. IF DECEASED WAS A VETERAN, WHAT WAR? No	
20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cardiac Failure Interval between Onset and Death (Years, days, hours, etc.) 8 hours Conditions, if any, DUE TO (B): Arteriosclerotic Heart Disease with which gave rise to: arricular fibrillation, left bundle above cause (a): stating the underlying cause last DUE TO (C): branch block PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): 1. Diabetes mellitus 2. Cerebral vascular accident 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"/> At Work <input type="checkbox"/> Not At Work 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.) 25B. City County State 26. TIME OF INJURY Hour Minute p.m. 27. DESCRIBE HOW INJURY OCCURRED. 28. CERTIFICATE: Certify that I (attended) (if not, delete) the deceased from or on 1-1-66 (date) to 4/20/66 (date) and that the death occurred at 12:10PM from the causes and on the date stated above. Signature Title Address Date Signed Everett B. Howard, M.D. 613 Medical Dental Bldg. Klamath Falls, Oregon 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 4/23/66 30C. NAME OF CREMATORY OR CEMETERY Mt. Calvary Cem. 30D. LOCATION (City or Town) State Klamath Falls, Ore 31. DATE RECEIVED BY LOCAL REGISTRAR 4-22-66 32. REGISTRAR'S SIGNATURE 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O'Hair's Keith O'Hair Klamath Falls, Ore			

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.

(SEAL)

S. M. Kerron, M.D.  
Registrar Vital Statistics

By *Marian Ackerman*  
Deputy  
Date April 25, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of J. Anthony Giacomini

this 29 day of Nov. 1966 at 3:45 o'clock P.M., and

duly recorded in Vol. M-66, of Deeds on Page 12074.

Fee \$1.50

DOROTHY ROGERS, County Clerk

By *James M. Kerron*