18396 **OREGON STATE BOARD OF HEALTH** VOL. M-67 PAGE 8842
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 310
STATE FILE NO.
DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First: Jake — Middle: — Last: Ongaro
2. PLACE OF DEATH
   - A. COUNTY: Klamath
   - B. CITY, TOWN OR LOCATION: Klamath Falls
   - C. LENGTH OF STAY IN 2B: min.
   - D. NAME OF HOSPITAL OR INSTITUTION: D.O.A. Pres. Intercomm. Hospt.
3. USUAL RESIDENCE
   - A. STATE: Oregon
   - B. COUNTY: Klamath
   - C. CITY, TOWN OR LOCATION: Klamath Falls
   - D. STREET ADDRESS, RURAL ROUTE, ETC.: 1826 Homedale Road
4. DATE OF DEATH: November 3, 1967
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 542-05-8677
9. USUAL OCCUPATION: Landscape Architect
10. KIND OF BUSINESS OR INDUSTRY: Gardening
11. NAME OF SPOUSE: Carmella Ongaro
12. DATE OF BIRTH: August 22, 1901
13. AGE LAST BIRTHDAY: 66 Yrs.
14. BIRTHPLACE (State or Foreign Country): Arzene, Italy
15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: No
17. NAME OF FATHER: August Ongaro
18. MAIDEN NAME OF MOTHER: Louise Pavan
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Carmella Ongaro

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
   - PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Coronary Occlusion — Interval: Minutes
   - DUE TO (B): Arteriosclerosis — Interval: Years
   - DUE TO (C):
   - 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? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No
23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City — County — State
26. TIME OF INJURY: Hour — Month — Day — Year
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I (investigated the death of) the deceased from or on Nov. 3, 1967 and that the death occurred at 2:10 p.m. from the causes and on the date stated above.
    S. M. Kerron, M.D. Medical Investigator Klamath Falls, Oregon 11-6-67
29. RESERVED FOR REGISTRAR'S USE
30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 11-6-67
30C. NAME OF CREMATORY OR CEMETERY: Mt. Calvary Cemetery
30D. LOCATION (City or Town) — State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 11-6-67
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's Mike O'Hair 515 Pine, K. 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 November 7, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of

Carmella Ongaro

on this 20 day of November A.D. 19 67

at 12:30 o'clock PM, and duly

recorded in Vol. M-67 of Deeds

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DOROTHY ROGERS, County Clerk

By [signature] Deputy

Fee 1.50

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