KODAK SAFETY FILM

STATE OF OREGON
County of Klamath

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

NEIL BLACK, M.D., Registrar Vital Statistics

(SEAL)

By _____, Deputy Registrar

Date _____ 19 _____

VOID IF ALTERED

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

OCT 22 11 34 AM 1969

CERTIFICATE OF DEATH

State File Number

Local File Number 328

DECEASED

1. DECEASED—NAME: First Pio, Middle D'Olivo, Last
2. DATE OF DEATH (month, day, year): October 17, 1969
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: male
5. AGE—Last birthday (years): 56
5a. Under 1 Year: mos. / days
5b. Under 1 Day: hours / min.
5c.
6. DATE OF BIRTH (month, day, year): August 26, 1911
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): no
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): U. S. Hospital
8. STATE OF BIRTH (if not in U.S., name of country): Michigan
9. CITIZEN OF WHAT COUNTRY: U.S.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Angelina D'Olivo
11. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumber Worker
12. KIND OF BUSINESS OR INDUSTRY: Sawmill Lumber
12. SOCIAL SECURITY NUMBER: 541-09-8416
13a. CITY, TOWN, OR LOCATION: Klamath Falls
13b. Inside City Limits (specify yes or no): yes
13c. STREET AND NUMBER OR RFD: 3435 Boardman
14. RESIDENCE—STATE: Oregon
14a. COUNTY: Klamath
14b. Usual residence where deceased lived if death occurred in institution, give residence before admission
14c. INFORMANT—NAME and relationship to deceased: Angelina D'Olivo widow
15. FATHER—NAME first middle last: Eugibio D'Olivo
16. MOTHER—Maiden Name first middle last: Pamela Ferroni
17. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) approximate interval between onset and death

CAUSE

PART I. DEATH WAS CAUSED BY:
18. Immediate Cause: a coronary occlusion — Immediate
(a) due to, or as a consequence of:
(b) due to, or as a consequence of:
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

19a. AUTOPSY (yes or no): no
19b. IF YES were findings considered in determining cause of death

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year)
20b. HOUR: 7 a.m.
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
20d. INJURY AT WORK (specify yes or no)
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20f. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:
DEATH OCCURRED (hour): 1:10 PM
THE DECEDENT WAS PRONOUNCED DEAD month day year: October 17 1969
21a. CERTIFIER—SIGNATURE: Neil Black M.D.
21b. FROM: Natural Causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐
21c. NAME (type or print)
22a. MEDICAL INVESTIGATOR: FOR: Neil Black M.D.
22b. DATE SIGNED (month, day, year): Oct 18
23. COUNTY
24a. LOCATION city or town: Klamath Falls, Oregon
24b. state
24c. DATE (month, day, year): 10/21/69

BURIAL

24d. BURIAL, CREMATION, REMOVAL, MAUS. (specify): burial
24e. CEMETERY OR CREMATORY—NAME: Mt Calvary
24f. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine Klamath Falls Ore
25a. FUNERAL DIRECTOR—SIGNATURE: Neil O'Hair
25b. REGISTRAR—SIGNATURE: Marian Johnson
26a. DATE RECEIVED BY LOCAL REGISTRAR: 10-21-69
26b. DATE RECEIVED BY STATE REGISTRAR
27. RESERVED FOR REGISTRAR'S USE
28.

VSL 107 R-69

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Angelina D'Olivo

this 22nd day of October A. D. 1969 at 11:34 o'clock AM., and duly recorded in Vol. M 69, of Deeds on Page 9002

Fee $ 1.50 13

Wm D. MILNE, County Clerk

By Geraldine Scheller