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STATE OF OREGON-STATE BOARD OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH

NOV 7 10 56 AM 1969

VOL 19 PAGE 9377

| | | | |
|--|---|--|---|
| DECEASED NAME First Middle Last Amedeo P.L. Lasagna | | DATE OF BIRTH (month, day, year) October 30, 1969 | |
| 1. RACE White | 2. SEX Male | 3. AGE-Last birthday (month, day, year) 4 | 4. DATE OF DEATH (month, day, year) January 2, 1995 |
| 5. COUNTY OF BIRTH Klamath | 6. CITY, TOWN, OR LOCATION OF BIRTH Klamath Falls | 7. CITIZEN OF WHAT COUNTRY USA | 8. HUSBAND, WIDOWED, DIVORCED, OR SEPARATED (check one) Widowed |
| 9. SOCIAL SECURITY NUMBER 541-09-9802 | 10. USUAL OCCUPATION (one kind of work done during most of working life, if retired, state so) Retired | 11. NAME OF SPOUSE Amelia Lasagna | 12. KIND OF BUSINESS OR INDUSTRY Department |
| 13. RESIDENCE-STATE Oregon | 14. CITY, TOWN, OR LOCATION Klamath Falls | 15. FIRST AND MIDDLE OR A.D. 2830 White St | 16. INCARCERATED-NAME and relationship to deceased Amelia Lasagna, widow |
| 17. FATHER-NAME First Middle Last John Lasagna | | | |
| 18. MOTHER-Name First Middle Last Caroline Pacielopi | | | |
| 19. DEATH WAS CAUSED BY: (a) Pulmonary Embolism (b) Post-90 Phty (c) Following Abdominal Aortic Aneurysm MURDER, Suicide, Embolism, etc. | | | |
| 20. CONDITION, if any, due to, or as a consequence of, which gave rise to immediate cause (a) or (b) above: Following Abdominal Aortic Aneurysm | | | |
| 21. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c) MURDER, Suicide, Embolism, etc. | | | |
| 22. ACCIDENT (a) DATE OF INJURY (month, day, year) 208. 08-14-69 (b) PLACE OF INJURY at home, farm, street, factory, office, etc. (specify) 209. 08-14-69 (c) HOW INJURY OCCURRED (brief nature of injury in Part I or Part II, item 18) 210. 08-14-69 | | 23. DEATH OCCURRED (a) DATE OF DEATH (month, day, year) 211. 08-14-69 (b) TIME OF DEATH (month, day, year) 212. 08-14-69 (c) PLACE OF DEATH (month, day, year) 213. 08-14-69 | |
| 24. PHYSICIAN-NAME (a) NAME (last, first, middle) (b) ADDRESS (street, city, state, zip) (c) DATE RECEIVED BY STATE REGISTRAR | | | |
| 25. CERTIFIER-NAME (a) NAME (last, first, middle) (b) ADDRESS (street, city, state, zip) (c) DATE RECEIVED BY STATE REGISTRAR | | | |
| 26. BUREAU-NAME (a) NAME (last, first, middle) (b) ADDRESS (street, city, state, zip) (c) DATE RECEIVED BY STATE REGISTRAR | | | |

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.

NEIL BLACK, M.D., Registrar Vital Statistics

By Deborah Peterson, Deputy Registrar
Date NOV 8 1 1969STATE OF OREGON,
County of Klamath
Filed for record at request of

AMILIA LASAGNA

on this 7th day of November A.D. 1969

at 10:56 o'clock A.M. and duly

recorded in Vol. M 69 of DEEDS

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Wm D. MILNE, County Clerk

By Deborah Peterson, Deputy

Fee \$1.50