MAR 31 2 14 PM 1970

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number 39822

Local File Number 674

DECEASED

1. DECEASED—NAME: First: Amedeo P.L. Lasagna; Middle: ; Last:
2. DATE OF DEATH (month, day, year): October 30, 1969
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE (Last birthday (years)): 74
5b. Under 1 year: months
5c. Under 1 day: hours
6. DATE OF BIRTH (month, day, year): January 2, 1895
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street number): St. Mary's Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Italy
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Amilia Lasagna
12. SOCIAL SECURITY NUMBER: 541-09-9802
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
13b. KIND OF BUSINESS OR INDUSTRY: Klamath County Road Department
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 2030 White St
15. FATHER—NAME first middle last: John Lasagna
16. MOTHER—Maiden Name first middle last: Caroline Paciaiopi
17. INFORMANT—NAME and relationship to deceased (Type or print): Amilia Lasagna, widow

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

Conditions, if any, which gave rise to immediate cause (a), stating underlying cause last

(a) immediate cause: Pulmonary Embolism
(b) due to, or as a consequence of: Post-op Phlebitis
(c) due to, or as a consequence of: Pelvic section for CA

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

18. ACCIDENT (specify yes or no)
19. DATE OF INJURY (month, day, year)
20a. HOUR
20b. INJURY AT WORK (specify yes or no)
20c. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II)
20e. LOCATION (Street or R.F.D. No., city or town, county, state)
21. CERTIFICATION—PHYSICIAN: I attended deceased from: Oct 14 '69 to Oct. 30 '69
And Last Saw Him/Her Alive on: month day year
I Did/Did Not Perform Autopsy
AUTOPSY (yes or no): Yes
IF YES were findings considered in determining cause of death (yes or no): Yes
DEATH occurred (hour): 1:05 AM.
I last saw deceased alive on the date and to the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) stated.

CERTIFIER

22a. PHYSICIAN—SIGNATURE AND TITLE: [signature] M.D.
22b. NAME (type or print): E. M. LeVernois, M. D.
22c. DATE SIGNED (month, day, year): Oct 31, 1969
22a. MAILING ADDRESS—PHYSICIAN: 511 Medical Dental Bldg., street
22b. city or town: Klamath Falls,
22c. state: Oregon
22d. zip: 97601

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum
24. CEMETERY OR CREMATORY—NAME: Forest Haven Mausoleum
LOCATION: city or town
24a. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Klamath Falls, Oregon
25a. FUNERAL DIRECTOR—SIGNATURE AND TITLE: [signature]
25b. D'Heir's Funeral Chapel 515 Pine Klamath Falls Oregon
DATE RECEIVED BY LOCAL REGISTRAR (mo., day, year): 11/3/69
25a. REGISTRAR—SIGNATURE: [signature]
25b. DATE RECEIVED BY LOCAL REGISTRAR: 10-31-69
26a. RESERVED FOR REGISTRAR'S USE
27. DATE RECEIVED BY STATE REGISTRAR

28.

VS-2 R-69

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)

NEIL BLACK, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar
Date JUL 1 1969 19

VOID IF ALTERED

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STATE OF OREGON,
County of Klamath } ss.

Filed for record at request of:
J. ANTHONY GIACOMINI
on this 31st day of March A. D., 19 70
at 2:14 o'clock P M. and duly
recorded in Vol. M 70 of Deeds
Page 2492

WM. D. MILNE, County Clerk
By Hazel Duggan Deputy.

Fee $1.50

MAR 31 2 14 PM 1970

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Fee $1.50

Forest Haven Mausoleum
FUNERAL HOME—NAME AND ADDRESS: 24c. Klamath Falls, Oregon
25b. D'Heir's Funeral Chapel 515 Pine Klamath Falls Oregon
DATE RECEIVED BY LOCAL REGISTRAR: 10-31-69