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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER: 45567

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 4700-233

DECEDENT PERSONAL DATA

Field	Entry
1a. Name of deceased—First name	Mario
1b. Middle name	---
1c. Last name	Pisan
2a. Date of death—month, day, year	October 2, 1970
2b. Hour	9:15 PM
3. Sex	male
4. Color or race	white
5. Birthplace (state or foreign country)	Weed, California
6. Date of birth	Nov. 10, 1922
7. Age (last birthday)	47 years
8. Name and birthplace of father	James Ben Pisan Switzerland
9. Maiden name and birthplace of mother	Olivia Specia Italy
10. Citizen of what country	USA
11. Social security number	543-16-1169
12. Married, never married, widowed, divorced (specify)	married
13. Name of surviving spouse (if wife, enter maiden name)	Corinna Pisan
14. Last occupation	carpenter
15. Number of years in this occupation	25
16. Name of last employing company or firm (if self employed, so state)	self employed
17. Kind of industry or business	construction

PLACE OF DEATH

Field	Entry
18a. Place of death—name of hospital or other in-patient facility	Tulelake Fair Grounds
18b. Street address—(street and number, or location)	Main Street
18c. Inside city corporate limits (specify yes or no)	NO
18d. City or town	Tulelake
18e. County	Siskiyou
18f. Length of stay in county of death	hours
18g. Length of stay in California	hours

USUAL RESIDENCE (if death occurred in institution, enter residence before admission)

Field	Entry
19a. Usual residence—street address (street and number or location)	121 Grant St
19b. Inside city corporate limits (specify yes or no)	yes
19c. City or town	Klamath Falls
19d. County	Klamath
19e. State	Oregon
20. Name and mailing address of informant	Corinna Pisan widow, 121 Grant Sr, Klamath Falls, Oregon

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I have held on the remains of deceased as required by law an (investigation or inquest)

21b. PHYSICIAN: I hereby certify that death occurred at the hour, date, and place stated above from the causes stated below and that I attended the deceased from (enter month, day, year) to (enter month, day, year) and I last saw the deceased alive on (enter month, day, year)

Field	Entry
21c. Physician or coroner—signature	A. B. Cotter/Sheriff/Coroner by [illegible], DEP.
21d. Date signed	10/5/70
21e. Address	Yreka, Cal.
21f. Physician's California license number	

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify burial, entombment or cremation	burial
22b. Date	Oct 6,1970
23. Name of cemetery or crematory	Mt Calvary Cemetery
24. Embalmer—signature (if body embalmed) license number	not embalmed in California
25. Name of funeral director (or person acting as such)	O'Hair's Funeral Chapel
26. If not certified by coroner, was this death reported to coroner? (specify yes or no)	
27. Local registrar—signature	Ernest T. Johnson By Jeanne L Lane
28. Date accepted for registration by local registrar	OCT 5 1970

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — Min. (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)

CONDITIONS, IF ANY, WHICH ... DUE TO, OR AS A CONSEQUENCE OF

32b. If yes were findings considered in determining cause of death? (specify yes or no): Yes

36a. HOUR

39. Were laboratory tests done for alcohol? (specify yes or no)

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, Ernest T. Johnson, County Recorder and Registrar of Vital Statistics for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in Book 23 of Reg. Death 836 Page 14 IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this 6th day of October 1970

Ernest T. Johnson, Recorder

Fee: $2.00 Paid

COUNTY RECORDER SISKIYOU CO CAL.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of CORINNA PISAN

this 8th day of OCTOBER A. D., 1970 at 2:01 o'clock P M., and duly recorded in Vol. M 70, of DEEDS on Page 9033

WM. D. MILNE, County Clerk

Fee $1.50 16 By Hazel Drazil