

89119

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

Local File Number

131

Vol. 74 Page

6334

DECEASED-NAME		First	Middle	Last
Arthur "Pat" Milani				
1. RACE	White	2. SEX	Male	3. AGE
4. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls	5. BIRTHDAY (month, day, year)	53	6. DATE OF BIRTH (month, day, year)
7. COUNTY OF DEATH	Klamath	8. SOCIAL SECURITY NUMBER	541-22-1276	9. CITIZEN OF WHAT COUNTRY
10. U.S.A.		11. HUSBAND, WIFE, OR OTHER INSTITUTION NAME	2422 Homedale Rd.	12. NAME OF BUSINESS OR INDUSTRY
13. RESIDENCE-STATE	Oregon	14. CITY, TOWN, OR LOCATION	Klamath Falls	15. STREET AND NUMBER OR R.F.D.
16. FATHER-NAME	Joseph Milani	17. MOTHER-NAME	Angeline Ferrari	18. NAME OF DECEASED
19. DATE OF DEATH (month, day, year)				
May 13, 1974				
20. DATE OF BIRTH (month, day, year)				
October 26, 1920				

CAUSE

Conditions, if any, which gave rise to immediate cause (a), due to, or as a consequence of: *Cardiac coronary thrombosis*

(b) *Coronatal heart disease*

(c) *53 yrs*

PART II. OTHER SIGNIFICANT CONDITIONS, conditions contributing to death but not related to cause given in Part I (a), (b), and (c):

1. ACCIDENT	20a. DATE OF INJURY	20b. HOUR	20c. LOCATION (street or R.F.D. No., city or town, county, state)
2. INJURY AT WORK	20d. PLACE OF INJURY at home, farm, street, factory, etc. (specify)	20e. LOCATION (street or R.F.D. No., city or town, county, state)	20f. HOW INJURY OCCURRED (nature of injury in part I or part II, item 18)
3. PHYSICIAN	20g. DATE OF DEATH	20h. TIME OF DEATH	20i. DATE OF DEATH (month, day, year)
4. PHYSICIAN	20j. DATE OF DEATH	20k. TIME OF DEATH	20l. DATE OF DEATH (month, day, year)
5. PHYSICIAN	20m. DATE OF DEATH	20n. TIME OF DEATH	20o. DATE OF DEATH (month, day, year)
6. PHYSICIAN	20p. DATE OF DEATH	20q. TIME OF DEATH	20r. DATE OF DEATH (month, day, year)
7. PHYSICIAN	20s. DATE OF DEATH	20t. TIME OF DEATH	20u. DATE OF DEATH (month, day, year)
8. PHYSICIAN	20v. DATE OF DEATH	20w. TIME OF DEATH	20x. DATE OF DEATH (month, day, year)
9. PHYSICIAN	20y. DATE OF DEATH	20z. TIME OF DEATH	20aa. DATE OF DEATH (month, day, year)
10. PHYSICIAN	20ab. DATE OF DEATH	20ac. TIME OF DEATH	20ad. DATE OF DEATH (month, day, year)
11. PHYSICIAN	20ae. DATE OF DEATH	20af. TIME OF DEATH	20ag. DATE OF DEATH (month, day, year)
12. PHYSICIAN	20ah. DATE OF DEATH	20ai. TIME OF DEATH	20aj. DATE OF DEATH (month, day, year)
13. PHYSICIAN	20ak. DATE OF DEATH	20al. TIME OF DEATH	20am. DATE OF DEATH (month, day, year)
14. PHYSICIAN	20an. DATE OF DEATH	20ao. TIME OF DEATH	20ap. DATE OF DEATH (month, day, year)
15. PHYSICIAN	20aq. DATE OF DEATH	20ar. TIME OF DEATH	20as. DATE OF DEATH (month, day, year)
16. PHYSICIAN	20at. DATE OF DEATH	20au. TIME OF DEATH	20av. DATE OF DEATH (month, day, year)
17. PHYSICIAN	20aw. DATE OF DEATH	20ax. TIME OF DEATH	20ay. DATE OF DEATH (month, day, year)
18. PHYSICIAN	20az. DATE OF DEATH	20ba. TIME OF DEATH	20bb. DATE OF DEATH (month, day, year)
19. PHYSICIAN	20bc. DATE OF DEATH	20bd. TIME OF DEATH	20be. DATE OF DEATH (month, day, year)
20. PHYSICIAN	20bf. DATE OF DEATH	20bg. TIME OF DEATH	20bh. DATE OF DEATH (month, day, year)
21. PHYSICIAN	20bi. DATE OF DEATH	20bj. TIME OF DEATH	20bk. DATE OF DEATH (month, day, year)
22. PHYSICIAN	20bl. DATE OF DEATH	20bm. TIME OF DEATH	20bn. DATE OF DEATH (month, day, year)
23. PHYSICIAN	20bo. DATE OF DEATH	20bp. TIME OF DEATH	20br. DATE OF DEATH (month, day, year)
24. PHYSICIAN	20bs. DATE OF DEATH	20bt. TIME OF DEATH	20bu. DATE OF DEATH (month, day, year)
25. PHYSICIAN	20bv. DATE OF DEATH	20bw. TIME OF DEATH	20bx. DATE OF DEATH (month, day, year)
26. PHYSICIAN	20by. DATE OF DEATH	20bz. TIME OF DEATH	20ca. DATE OF DEATH (month, day, year)
27. PHYSICIAN	20cb. DATE OF DEATH	20cc. TIME OF DEATH	20cd. DATE OF DEATH (month, day, year)
28. PHYSICIAN	20ce. DATE OF DEATH	20cf. TIME OF DEATH	20cg. DATE OF DEATH (month, day, year)
29. PHYSICIAN	20ch. DATE OF DEATH	20ci. TIME OF DEATH	20cj. DATE OF DEATH (month, day, year)
30. PHYSICIAN	20ck. DATE OF DEATH	20cl. TIME OF DEATH	20cm. DATE OF DEATH (month, day, year)
31. PHYSICIAN	20cn. DATE OF DEATH	20co. TIME OF DEATH	20cp. DATE OF DEATH (month, day, year)
32. PHYSICIAN	20cq. DATE OF DEATH	20cr. TIME OF DEATH	20cs. DATE OF DEATH (month, day, year)
33. PHYSICIAN	20ct. DATE OF DEATH	20cu. TIME OF DEATH	20cv. DATE OF DEATH (month, day, year)
34. PHYSICIAN	20cw. DATE OF DEATH	20cx. TIME OF DEATH	20cy. DATE OF DEATH (month, day, year)
35. PHYSICIAN	20cz. DATE OF DEATH	20da. TIME OF DEATH	20db. DATE OF DEATH (month, day, year)
36. PHYSICIAN	20dd. DATE OF DEATH	20de. TIME OF DEATH	20df. DATE OF DEATH (month, day, year)
37. PHYSICIAN	20dg. DATE OF DEATH	20dh. TIME OF DEATH	20di. DATE OF DEATH (month, day, year)
38. PHYSICIAN	20dj. DATE OF DEATH	20dk. TIME OF DEATH	20dl. DATE OF DEATH (month, day, year)
39. PHYSICIAN	20dm. DATE OF DEATH	20dn. TIME OF DEATH	20do. DATE OF DEATH (month, day, year)
40. PHYSICIAN	20dp. DATE OF DEATH	20dq. TIME OF DEATH	20dr. DATE OF DEATH (month, day, year)
41. PHYSICIAN	20ds. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)
42. PHYSICIAN	20dv. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)
43. PHYSICIAN	20dv. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)
44. PHYSICIAN	20dv. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)
45. PHYSICIAN	20dv. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)
46. PHYSICIAN	20dv. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)
47. PHYSICIAN	20dv. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)
48. PHYSICIAN	20dv. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)
49. PHYSICIAN	20dv. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)
50. PHYSICIAN	20dv. DATE OF DEATH	20dt. TIME OF DEATH	20du. DATE OF DEATH (month, day, year)

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By *Kimberly Murphy*, Deputy RegistrarDate *MAY 14 1974*

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH, ss.

Filed for record at request of *LAURA MILANI*this *21st* day of *May* A.D., 19*74* at *11:31* o'clock *A.* M., and duly recorded inVol. *M 74* of DEEDS on Page *6334*

FEE \$ 2.00

WM. D. MILNE, County Clerk

By *Magal Diaz* Deputy

VS 2 R 49