3982 Vol. M75 Page 9710

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

State File Number

Local Registration District and Certificate Number: 4700-260

DECEDENT PERSONAL DATA

- 1a. Name of Deceased—First Name: Oliver
- 1b. Middle Name: —
- 1c. Last Name: Salvestrin
- 2a. Date of Death—Month Day Year: September 29, 1973
- 2b. Hour: 1:20A M
- 3. Sex: Male
- 4. Color or Race: Caucasian
- 5. Birthplace (State or Foreign Country): Italy
- 6. Date of Birth: May 10, 1921
- 7. Age (Last Birthday): 52 Years
- 8. Name and Birthplace of Father: Lorenzo Salvestrin-Italy
- 9. Maiden Name and Birthplace of Mother: Antonietta Conte, Italy
- 10. Citizen of What Country: USA
- 11. Social Security Number: 548 20 8136
- 12. Married, Never Married, Widowed, Divorced (Specify): Married
- 13. Name of Surviving Spouse (If Wife, Enter Maiden Name): (Forretti)
- 14. Last Occupation: Set Up Man
- 15. Number of Years in This Occupation: 34
- 16. Name of Last Employing Company or Firm: International Paper
- 17. Kind of Industry or Business: Lumber

PLACE OF DEATH

- 18a. Place of Death—Name of Hospital or Other In-Patient Facility: Eskaton Mt. Shasta Health Care Center
- 18b. Street Address: 203 Eugene
- 18c. Inside City Corporate Limits (Specify Yes or No): Yes
- 18d. City or Town: Mt. Shasta
- 18e. County: Siskiyou
- 18f. Length of Stay in County of Death: 35 Years
- 18g. Length of Stay in California: 35 Years

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

- 19a. Usual Residence—Street Address: 382 Bel Air
- 19b. Inside City Corporate Limits (Specify Yes or No): Yes
- 19c. City or Town: Weed
- 19d. County: Siskiyou
- 19e. State: California
- 20. Name and Mailing Address of Informant: Maria Luisa Salvestrin, 382 Bel Air, Weed, California 96094

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21a. Coroner:
- 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 7-24-63 to 9-28-73 and last saw him alive 9-28-73
- 21c. Physician or Coroner—Signature and Degree or Title: [signature] MD
- 21d. Date Signed: 10-2-73
- 21e. Address: Weed, California
- 21f. Physician's License Number: A 14074

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. Specify Burial, Entombment or Cremation: Burial
- 22b. Date: 10-2-73
- 23. Name of Cemetery or Crematory: Mt. Shasta Memorial Park
- 24. Embalmer—Signature: [signature] License Number: 4810
- 25. Name of Funeral Director: Upton's Weed Shastina Mortuary
- 26. If not certified by coroner was this death reported to coroner? (Specify Yes or No): No
- 27. Local Registrar—Signature: P.K. Bley By Jeanne L. L[signature]
- 28. Date Accepted for Registration by Local Registrar: OCT 5 - 1973

CAUSE OF DEATH

- 29. Part I. Death was caused by: Enter only one cause per line for A, B and C
  - Immediate Cause (A): Metastatic Adenocarcinoma of the Colon — Approximate interval between onset and death: 4 mo.
  - Conditions, if any, which gave rise to the immediate cause (A), stating the underlying cause last. Due to, or as a consequence of (B):
  - Due to, or as a consequence of (C):
- 30. Part II: Other significant conditions—contributing to death but not related to the immediate cause given in Part I:
- 31. Was operation or biopsy performed for any condition in items 29 or 30? (Specify):
- 32a. Autopsy (Specify Yes or No): No
- 32b. If yes, were findings considered in determining cause of death:

INJURY INFORMATION

5050

- 33. Specify Accident, Suicide or Homicide:
- 34. Place of Injury:
- 35. Injury at Work (Specify Yes or No):
- 36a. Date of Injury—Month Day Year:
- 36b. Hour: M
- 37a. Place of Injury (Street and Number or Location and City or Town):
- 37b. Distance from Place of Injury to Usual Residence: Miles
- 38. Were laboratory tests done for drugs or toxic chemicals?
- 39. Were laboratory tests done for alcohol?
- 40. Describe how injury occurred:

STATE REGISTRAR: A. B. C. D. E. F.

COMPARED

VOL 25 PAGE 123

RECEIVED AUG 19 1975 3:55 P.M.

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, P. K. Bley, 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 **25** of **Reg. of Deaths** Page **123** IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this **9th** day of **July** 19**75**

56

[signature], Recorder

Fee: $2.00 Paid

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Giacomini and Zamsky and Jones, Attorneys at Law this 19th day of August A. D., 1975 at 3:55 o'clock P.M., and duly recorded in Vol. M75, of Deeds on Page 9710

WM. D. MILNE, County Clerk

By [signature] Deputy

Ret: GIACOMINI, JONES & ZAMSKY
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
635 MAIN STREET
KLAMATH FALLS, OREGON

9711

no #