25937
47
Local File Number

STATE OF OREGON — HEALTH DVISION
Vital Statistics Section

CERTIFICATE OF DEATH

1977 FEB 25 AM 11 07

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State File Number

DECEASED

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

1. DECEASED—NAME First: John	Middle: -	Last: Catalano				2. DATE OF DEATH (month, day, year): February 18, 1977	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 73	Under 1 year: 5b. mos. / days	Under 1 day: hours / min. 5c.		6. DATE OF BIRTH (month, day, year): June 24, 1903	
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls		7c. Inside City Limits (specify yes or no): No		7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): ½ Mi. N.W. Hwy. 97 Sandcreek, Or		
8. STATE OF BIRTH (If not in U.S.A., name country): Rhode Island	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married			11. NAME OF SPOUSE: Adeline W. Catalano		
12. SOCIAL SECURITY NUMBER: 541-36-9296 A	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Contractor				13b. KIND OF BUSINESS OR INDUSTRY: Building		
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.: 2502 California Ave.		
15. FATHER—NAME first middle last: Frank Catalano	16. MOTHER—Maiden Name first middle last: Paolina Froley				17. INFORMANT—NAME and relationship to deceased: Adeline W. Catalano, Wife		

CAUSE

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

		approximate interval between onset and death
18. immediate cause (a)	Cardiac Arrest.	5 min
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)	Myocardial Infarction	5 min
due to, or as a consequence of: (c)	Arteriosclerotic Heart Disease	15 yrs

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

			19a. AUTOPSY (yes or no): No	19b. IF YES were findings considered in determining cause of death
20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)		

CERTIFIER

ME

21. CERTIFICATION— PHYSICIAN: I attended the deceased from: month day year: Dec 24, 1952	to month day year: Feb. 18, 1977	And Last Saw Him/Her Alive on: month day year: Feb 13 1977	I Did/Did Not view the body after death (specify): Did not	DEATH OCCURRED (hour): 11:50 A.M. DOA 1:50 PM at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: John D. Merryman M.D.	22b. NAME (type or print): John Merryman	degree or Title: M.D.	22c. DATE SIGNED (month, day, year): Feb. 21, 1977	
23. MAILING ADDRESS—PHYSICIAN: street: 303 Pine St.,	city or town: Klamath Falls,	state: Oregon	zip: 97601	

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard	24c. LOCATION city or town, state: Klamath Falls, Oregon	24d. DATE (mo., day, year): 2-22-77
25a. FUNERAL DIRECTOR—SIGNATURE: O'Hair	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		
26a. REGISTRAR—SIGNATURE: Marian Johnson	26b. DATE RECEIVED BY LOCAL REGISTRAR: FEB 22 1977	27. Rec'd Adeline W. Catalano 2502 Kearney City	

RESERVED FOR REGISTRAR'S USE

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

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

By Marian Johnson, Deputy Registrar
Date FEB 22 1977
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25th day of FEBRUARY A.D., 1977 at 11:07 o'clock A M., and duly recorded in Vol M 77 of DEEDS on Page 3320

FEE $ 3.00

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