'77 JUL 14 AM 11 48

12458

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

211
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

DECEASED—NAME First / Middle / Last 1. ANTONIO ONORATO ZALUNARDO			DATE OF DEATH (month, day, year) 2. June 28, 1977
RACE White, Negro, American Indian, etc. (specify) 3. White	SEX 4. Male	AGE—Last birthday (years) 5a. 78	Under 1 year: mos. 5b. days / Under 1 day: hours 5c. min. DATE OF BIRTH (month, day, year) 6. December 26, 1898
COUNTY OF DEATH 7a. Klamath	CITY, TOWN, OR LOCATION OF DEATH 7b. Klamath Falls	Inside City Limits (specify yes or no) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7d. 2301 Radcliffe Avenue
STATE OF BIRTH (If not in U.S.A., name country) 8. Brazil	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Elvira Zalunardo
SOCIAL SECURITY NUMBER 12. 543 - 10 - 4082 - A	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Millworker - Retired		KIND OF BUSINESS OR INDUSTRY 13b. Saw Mills
RESIDENCE—STATE 14a. Oregon	COUNTY 14b. Klamath	CITY, TOWN, OR LOCATION 14c. Klamath Falls	Inside City Limits (specify yes or no) 14d. Yes STREET AND NUMBER OR R.F.D. 14e. 2301 Radcliffe Avenue
FATHER—NAME first middle last 15. Louigie - Zalunardo	MOTHER—Maiden Name first middle last 16. Giovanna - Regginato		INFORMANT—NAME and relationship to deceased 17. Gino Zalunardo (Son)

Usual residence of deceased 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)) — approximate interval between onset and death

18. immediate cause
(a) Carcinomatosis (Stomach) — 9 months
due to, or as a consequence of:
(b)
due to, or as a consequence of:
(c)

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

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

1.
2.
3.

AUTOPSY (yes or no) 19a. No — IF YES were findings considered in determining cause of death 19b.

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

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. Sept 4 77 (month day year) to June 28 77 (month day year) And Last Saw Him/Her Alive on: June 18 77 (month day year) I Did/Did Not view the body after death (specify) DEATH OCCURRED (hour) 1:30 PM at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE 22a. Raymond Tice M.D. — NAME (type or print) degree or Title 22b. Raymond Tice, M.D. — DATE SIGNED (month, day, year) 22c. 6-29-77

MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip)
23. Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state	DATE (mo., day, year)
24a. Burial	24b. Eternal Hills	24c. Klamath Falls, Oregon	24d. July 1,1977

FUNERAL DIRECTOR—SIGNATURE 25a. — FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

4.
5. 32473
6.

REGISTRAR—SIGNATURE 26a. Marjorie Scherman — DATE RECEIVED BY LOCAL REGISTRAR 26b. JUN 29 1977 — DATE RECEIVED BY STATE REGISTRAR 27.

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.

(SEAL)

MARJORIE S. COMER, Registrar Vital Statistics
By Marjorie Scherman Deputy Registrar
Date JUL 1 1977 19

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 11th day of July A.D., 19 77 at 11:48 o'clock A M., and duly recorded in Vol M 77 of Deeds on Page 12458.

WM. D. MILNE, County Clerk
By Pat McCullough Deputy

FEE Fee $3.00