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125 Local File Number

Vital Statistics Section

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CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME (First, Middle, Last): Italo John Andreatta
2. DATE OF DEATH (Month, Day, Year): April 3, 1978
3. RACE (White, Black, American Indian, etc.) (Specify): White
4. SEX: Male
5A. AGE—LAST BIRTHDAY (Years): 55
6. DATE OF BIRTH (Month, Day, Year): November 8, 1922
7A. COUNTY OF DEATH: Klamath
7B. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7C. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & no.): 2025 Reclamation Ave.
8. STATE OF BIRTH (If not in U.S.A., name country): Italy
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
11. SPOUSE (If married, widowed): —
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no): Yes
13. SOCIAL SECURITY NUMBER: 559-20-7712
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self Employed Logging
14B. KIND OF BUSINESS OR INDUSTRY: Logging
15A. RESIDENCE—STATE: Oregon
15B. COUNTY: Klamath
15C. CITY, TOWN, OR LOCATION: Klamath Falls
15D. STREET AND NUMBER OR R.F.D.: 2025 Reclamation Ave.
15E. INSIDE CITY LIMITS (Specify yes or no): Yes
16. FATHER—NAME (First, Middle, Last): Angelo Andreatta
17. MOTHER—MAIDEN NAME (First, Middle, Last): Clementina Cremasco
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Elda Gasperini, Sister
19A. BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Mausoleum
19B. CEMETERY OR CREMATORY—NAME: Eternal Hills Haven of Rest Mausoleum
19C. LOCATION (City or Town, State): Klamath Falls, Oregon
20A. FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: [signature]
20B. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon

CERTIFICATION — MEDICAL EXAMINER

I certify that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

21A. DEATH OCCURRED (Hour): 7:00 P.
21B. THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year, Hour): April 4, 1978 8:45 A.
21C. FROM: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]
21D. CERTIFIER—SIGNATURE: [signature]
21E. NAME (Type or print): George R. Nicholson — Degree or title: M.D.
21F. MEDICAL EXAMINER FOR: Klamath County
21G. DATE SIGNED (Month, Day, Year): April 10, 1978
22A. DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.): April 10, 1978
22B. REGISTRAR (Signature): [signature]

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c))

PART I
(a) Probable pneumonia — Interval between onset and death: hours-days
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Fatty metamorphosis of liver - acute alcoholic intoxication

24. AUTOPSY (Specify yes or no): No
25A. DATE OF INJURY (Month, Day, Year):
25B. HOUR:
25C. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23):
25D. INJ. AT WORK (Specify yes or no):
25E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify):
25F. LOCATION (Street or R.F.D. No., City or Town, County, State):

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-75

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 [signature], Deputy Registrar

Date APR 10 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

Mail Ret. A. Gasperini
2262 Reclamation
City

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of April A.D., 19 78 at 3:10 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 7964.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy