STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

70318 — 99 (Local File Number)

Vol. M 79 Page 16193

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME (First / Middle / Last)	BEN / FARRIN / PERNIGOTTI			2 DATE OF DEATH (month, day, year)	March 31, 1979
3 RACE White, Black, American Indian, etc. (specify)	White	4 SEX	Male	5a AGE—Last birthday (years)	66
5b Under 1 year: mos. / days	5c Under 1 day: hours / min.	6 DATE OF BIRTH (month, day, year)	May 24, 1912		
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 and number)	805 Plum Street
7d IF HOSP. OR INST. indicate DOA, OP, Emer., Fm., Inpatient (Specify)					
8 STATE OF BIRTH (If not in U.S.A., name country)	Utah	9 CITIZEN OF WHAT COUNTRY	U. S. A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Donna	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	Yes		
13 SOCIAL SECURITY NUMBER	541 - 22 - 2091	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Owner	14b KIND OF BUSINESS OR INDUSTRY	Klamath Sign Company
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	805 Plum Street 97601	15e Inside City Limits (specify yes or no)	Yes		
16 FATHER—NAME first middle last	Albert Pernigotti	17 MOTHER—Maiden Name first middle last	Ida M. Pearson	18 INFORMANT—NAME and relationship to deceased	Donna Pernigotti - Wife
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation	19b CEMETERY OR CREMATORY—NAME	Eternal Hills Memorial Gardens	19c LOCATION city or town state	Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]	James L. Zamzow	20b NAME AND ADDRESS OF FACILITY	WARDS - 1945 Main - Klamath Falls, Oregon 97601		

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]	William A. Bartlett M.D.	21b DATE SIGNED [Mo., Day, Yr.]	4/2/79
21c HOUR OF DEATH	DOA/1:25a M		

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: William A. Bartlett, M.D. / 2860 Daggett - Klamath Falls, Or. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	APR 3 1979	22b REGISTRAR [Signature]	Marian Ackerman

PART I — 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Acute cardiac arrhythmia — Interval between onset and death: Seconds

DUE TO, OR AS A CONSEQUENCE OF

(b) Generalized arteriosclerotic vascular disease — Interval between onset and death: 4 years

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Chronic bronchitis Cirrhosis & cardiomyopathy

AUTOPSY (Specify Yes or No) 24	No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No)	Yes

ACCIDENT (Specify Yes or No) 26a	No	DATE OF INJURY (Mo. Day. Yr.) 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g		

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Marian Ackerman Deputy Registrar
Date APR 4 1979

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

Return To:

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

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 10th day of July A.D., 19 79 at 9:36 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 16193.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha A. Ketch Deputy