148   13790

CERTIFICATE OF DEATH   Vol M82 Page 9284

LOCAL FILE NUMBER

1 NAME - FIRST, MIDDLE, LAST: VINCENT (NMN) BELILLO
2. SEX: M
3. DEATH DATE (MO DAY YR): June 15, 1982
STATE FILE NO.

4 RACE (WHITE, BLACK, AM IND ETC. SPECIFY): White
5 AGE - LAST BIRTH DAY (YRS): 67
6 UNDER 1 YEAR MOS. DAYS / 7 UNDER 1 DAY HOURS MINS.:
8. BIRTHDATE (MO DAY YR): Sept. 26, 1914
9 COUNTY OF DEATH: Grant

10. CITY, TOWN OR LOCATION OF DEATH: Moses Lake
11. PLACE OF DEATH ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
0 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☒ HOSP 5 ☐ NUR HOME 1 ☐ OTHER PLACE: **Samaritan Hospital**
12 RECEIVED EMERGENCY CARE AMBULANCE FIRST/TR PARAMEDIC: U   YES/NO

13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Texas
14 CITIZEN OF WHAT COUNTRY: U.S.A.
15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16 SPOUSE (IF WIFE GIVE MAIDEN NAME): Alta Faye Sturm
17 WAS DECEDENT EVER IN U S ARMED FORCES? (YES/NO): Yes

18. SOCIAL SECURITY NO: 556 07 2270
19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.): Machinest
20 KIND OF BUSINESS OR INDUSTRY: Pump Company

21 RESIDENCE - NUMBER AND STREET: Rt. 3 Box 53
22 CITY/TOWN, OR LOCATION: Moses Lake
23 INSIDE CITY LIMITS? (YES/NO): No
24 COUNTY: Grant
25 STATE: Washington

26 FATHER - NAME FIRST, MIDDLE, LAST: Paul Belillo
27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: Rose Fiorella

28 INFORMANT - NAME: Faye Belillo
29 MAILING ADDRESS   STREET OR RFD NO: Rt. 3 Box 53
CITY OR TOWN   STATE   ZIP: Moses Lake, Washington 98837

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation
31 DATE (MO DAY YR): June 18, 1982
32 CEMETERY/CREMATORY - NAME: Desert Lawn Memorial Park
33 LOCATION - CITY/TOWN, STATE: Kennewick, Washington

34 FUNERAL DIRECTOR SIGNATURE: X *Jeffrey A. Wilson*
35 NAME OF FACILITY: Chapel of Memories
36 ADDRESS OF FACILITY: Moses Lake, Washington

37 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X
38 DATE SIGNED (MO DAY YR):
39 HOUR OF DEATH (24 HRS):
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

41 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X *Richard D. Zornes*   **Coroner**
42 DATE SIGNED (MO DAY YR): June 25, 1982
43 HOUR OF DEATH (24 HRS): 9:05 A.M.
44 PRONOUNCED DEAD (MO DAY YR): June 15, 1982
45 HOUR PRONOUNCED DEAD (24 HRS): 9:44 A.M.

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Richard D. Zornes, Grant County Coroner 401 S. Balsam Moses Lake, Washington 98837

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)):
(A) Coronary Occlusion
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coronary Artery Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

INTERVAL BETWEEN ONSET AND DEATH: minutes
INTERVAL BETWEEN ONSET AND DEATH: years
INTERVAL BETWEEN ONSET AND DEATH:

48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.
49 AUTOPSY? (YES/NO): no
50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): yes

51 ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY):
52 INJURY DATE (MO DAY YR):
53 HOUR OF INJURY (24 HRS):
54 DESCRIBE HOW INJURY OCCURRED:
55 INJURY AT WORK? (YES/NO):
56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC. (SPECIFY):
57 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE:

58 REGISTRAR SIGNATURE: X *Donald C. Burk*
59 DATE RECEIVED (MO DAY YR): JUN 28 1982

FOR STATE REGISTRAR USE ONLY
ITEM   DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: ITEM   DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:

DSHS 9-150 (REV. 1-82)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

'82 JUL 21 AM 11 13

Tapes + Ret- Faye Belillo Rt 3 Box 53A- Moses Lake, Wash 98837

THIS IS TO CERTIFY that the above is a true copy (Photographic) of a record
temporarily on file with the GRANT COUNTY HEALTH DISTRICT, Ephrata, Washington.
CERTIFIED COPIES MUST BEAR A RAISED SEAL.

W. E. Rutherford
W. E. RUTHERFORD, M.D.
Registrar

SEAL   DATE: JUN 28 1982

By *Donald C. Burk*
Deputy Registrar

STATE OF OREGON: COUNTY OF KLAMATH ; ss
I hereby certify that the within instrument was received and filed for
record on the ___21___ day of ___July___ A.D., 19_82_ at ___11:13___ o'clock A M
and duly recorded in Vol___M 82___, of ___Deeds___ on page_9284_

EVELYN BIEHN COUNTY CLERK
by_____ Deputy

FEE $__4.00__