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MTC 11507-K

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED

AUG 13 AM 11 10

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 330

STATE FILE NO. 68 014202

DATE RECEIVED NOV 12 1968

1. NAME OF DECEASED (Type or print all entries in black ink): First James; Middle Thomas; Last Cheraldo

2. PLACE OF DEATH
A. COUNTY Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Chiloquin
C. LENGTH OF STAY IN 2B Life
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Chiloquin Drive residence

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE Oregon
B. COUNTY Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify) Chiloquin X
D. STREET ADDRESS, RURAL ROUTE, ETC. Box 148

4. DATE OF DEATH (Month Day Year) October 27 1968

5. SEX Male

6. COLOR OR RACE Caucasian

7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO. —

9. USUAL OCCUPATION (Kind of work done during most of life) Logger

10. KIND OF BUSINESS OR INDUSTRY Logging

11. NAME OF SPOUSE Sandra

12. DATE OF BIRTH (Month Day Year) August 26 1946

13. AGE LAST BIRTHDAY Yrs. 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country) Klamath Falls, Oregon

15. WAS DECEASED A CITIZEN OF ☒ U.S. ☐ Foreign Country — Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? Vietnam

17. NAME OF FATHER Rudolph Cheraldo

18. MAIDEN NAME OF MOTHER Evelyn Lang

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Evelyn Cheraldo, mother

MEDICAL CERTIFICATION

TO MEDICAL INVESTIGATOR: Complete and sign medical certification (Items 20-28) and take to funeral director as soon as possible after inquest.

NOTE: If "pending" must be indicated, notify registrar of final decision as soon as possible.

20. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A) Hemorrhage & Shock — INTERVAL: minutes
DUE TO (B) Gunshot wound of neck — minutes
DUE TO (C)
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): acute alcoholism (history)

21. AUTOPSY? Yes ☒ No ☐ AUTHORIZED BY myself

22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS. Yes ☐ No ☐ Unknown ☐

23. EXTERNAL CAUSE OF DEATH WAS Primary ☒ or Contributing ☐

24. DESCRIBE HOW INJURY OCCURRED (enter nature of injury in part I or part II) Gunshot .243 Savage rifle

25. TIME OF INJURY (Hour) (Month) (Day) (Year) 12:45 P.M. Oct 27 68

26. INJURY OCCURRED while at work ☐ not while at work ☒

27a. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) Home

27b. (city or town) (county) (state) Chiloquin, Klamath, Ore

28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death occurred on or about the (Time) (PM) from:
Natural Causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined ☐ Pending ☐

ACTUAL SIGNATURE J. Martin Adams MD — MEDICAL INVESTIGATOR FOR Klamath Co. (city or county)

29. Burial ☒ Removal ☐ Cremation ☐ Other ☐

30. DATE 10/31/68

31. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) Hill cemetery — (city or county) Klamath co.

FUNERAL DIRECTOR
32. Signature of funeral director or person acting as such: Keith O'Hair

NAME OF FUNERAL HOME AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore

REGISTRAR
33. Signature of local registrar: Marian Ackerman

DATE RECORD FILED: 10-29-68

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