Oregon
ON STATE HEALTH DIVISION
ment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 16136

17630 416
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First GIOVANNINA Middle JANET Last FERNLUND

2 DATE OF DEATH (month, day, year): November 5, 1982

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Female

5a AGE—Last birthday (years): 58

5b Under 1 year: mos. / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): April 20, 1924

7a CITY, TOWN OR LOCATION OF DEATH: Bonanza

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): PO Box 131

7c If HOSP OR INST, indicate DOA, OP/Emer., Rm., Inpatient [Specify]:

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Massachusetts

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Leroy

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 031-12-8584

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife

14b KIND OF BUSINESS OR INDUSTRY: Homamaking

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Bonanza

15d STREET AND NUMBER OR R.F.D., ZIP: PO Box 131 97623

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: John Renda

17 MOTHER—Maiden Name first middle last: Concetta Benninati

18 INFORMANT—NAME and relationship to deceased: Leroy Fernlund - Husband Rel.

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum

19b CEMETERY OR CREMATORY—NAME: Eternal Hill - Haven of Rest

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: Ward's - 1945 Main St. - Klamath Falls, Oregon

CERTIFIER

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]: Blake Berven MD

21b DATE SIGNED [Mo., Day, Yr.]: 11/16/82

21c HOUR OF DEATH: 6:00 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Blake Berven, MD 2616 Clover Klamath Falls, Oregon

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: NOV 17 1982

22b REGISTRAR [Signature]: [signature]

CAUSE OF DEATH

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

PART I (a) Acute myocardial infarction — Interval between onset and death: 10min

DUE TO, OR AS A CONSEQUENCE OF:

(b) ASHD and Coronary artery spasm — Interval between onset and death:

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): Acute and chronic [illegible]

24 AUTOPSY [Specify Yes or No]: Yes

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY occurred:

26e INJURY AT WORK [Specify Yes or No]: No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date NOV 17 1982

VOID IF ALTERED

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

1 400 pdca

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 30 day of Nov A.D., 19 82 at 10:59 o'clock A M., and duly recorded in Vol M82 of Deeds on page 16136.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By [signature] deputy