45616

23
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS – 146

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State File Number

Field	Entry
1. Deceased – Name (First, Middle, Last)	BRUNO – MARCHESE
2. Date of Death (Month, Day, Year)	January 22, 1985
3. Race (White, Black, American Indian, etc.) (Specify)	White
4. Sex	Male
5A. Age – Last Birthday (Years)	53
6. Date of Birth (Month, Day, Year)	July 25, 1931
7A. City, Town, or Location of Death	Klamath Falls
7B. Hospital or Other Institution – Name	Merle West Medical Center
7C. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	D.O.A.
7D. County of Death	Klamath
8. State of Birth (If not in U.S.A., name country)	Oregon
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (Specify)	Married
11. Spouse (If married, widowed)	Susan Carol Marchese
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No)	Yes
13. Social Security Number	543-28-6209
14A. Usual Occupation (Give kind of work done during most of working life, even if retired)	Director of Business Affairs
14B. Kind of Business or Industry	College Administration
15A. Residence – State	Oregon
15B. County	Klamath
15C. City, Town, or Location	Klamath Falls
15D. Street and Number or R.F.D.	1311 Wild Plum Court
Zip	97601
15E. Inside City Limits (Specify Yes or No)	Yes
16. Father – Name (First, Middle, Last)	Attilio – Marchese
17. Mother – (First, Middle, Last) (Maiden Name)	Ersilia – Carnini
18. Informant – Name and Relationship to Deceased	Susan Carol Marchese, Wife
19A. Burial, Cremation, Removal, Maus. (Specify)	Burial
19B. Cemetery or Crematory – Name	Mt. Calvary Cemetery
19C. Location – City or Town, State	Klamath Falls, Ore.
20A. Funeral Service Licensee or Person Acting as Such – Signature	[signature]
20B. Name and Address of Facility	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

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:

Field	Entry
21A. Death Occurred (Hour)	9:50 P. M.
21B. The Decedent Was Pronounced Dead (Month, Day, Year, Hour)	January 22, 1985 10:00 P. M.
21C. From: Natural Causes	X
Homicide	
Accident	
Undetermined	
Suicide	
Pending	
21D. Certifier – Signature	R J Thabet, MD
21E. Name (Type or Print)	Raymond Thabet, M.D.
Degree or Title	
21F. Medical Examiner for: County	Klamath
21G. Date Signed (Month, Day, Year)	1/23/85
22A. Date Received by Registrar (Mo., Day, Yr.)	JAN 23 1985
22B. Registrar (Signature)	[signature]

23. Part I — Enter only one cause per line for (a), (b), and (c)

	Cause	Interval Between Onset and Death
(a) Immediate Cause	Acute myocardial infarction, left ventricle.	minutes
(b) Due to, or as a Consequence of	Acute coronary thrombosis.	minutes
(c) Due to, or as a Consequence of	Coronary arteriosclerosis.	years

Part II – Other significant conditions – Conditions contributing to death but not related to cause given in Part I (a)

Field	Entry
24. Autopsy (Specify Yes or No)	Yes
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

'85 FEB 5 PM 12 20

ORIGINAL - VITAL STATISTICS COPY

45-107 REV. 12-81

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 FEB 1 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 5th day of February A.D., 19 85 at 12:20 o'clock P M, and duly recorded in Vol M85 of Deeds on page 1884

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: [signature], Deputy

Ret: Susan Marchese 1311 Wild Plum Court, Klamath Falls, Oregon 97601