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

Vol. M85 Page 16883

## CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

## DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

## DISPOSITION

## CERTIFIER

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

## CAUSE OF DEATH

|   |  |  |  |  |  |   |  |   |  |
|---|--|--|--|--|--|---|--|---|--|
| DECEASED—NAME   |  | First  |  | Middle   |  | Last  |  | State File Number   |  |
| Ida   |  | M.   |  | PIERUCCINI   |  |   |  | DATE OF DEATH (month, day, year)<br>October 11, 1985              |  |
| RACE (specify)<br>White   |  | SEX<br>Female  |  | AGE—Last birthday (years)<br>64  |  | Under 1 year<br>Under 1 day<br>Under 1 hour<br>Under 1 min    |  | DATE OF BIRTH (month, day, year)<br>May 16, 1921                  |  |
| CITY, TOWN OR LOCATION OF DEATH<br>Klamath Falls  |  | HOSPITAL OR OTHER INSTITUTION—NAME<br>(If not in either, give street and number)<br>Merle West Medical Center              |  | IF HOSP OR INST. Indicate DOA, Op Emer, Im, Inpatient (Specify)<br>Inpatient |  | COUNTY OF DEATH<br>Klamath                                    |  |   |  |
| STATE OF BIRTH (if not in U.S. name country)<br>Oregon  |  | CITIZEN OF WHAT COUNTRY<br>U.S.A.  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married               |  | SPOUSE (IF MARRIED, WIDOWED)<br>Nello J. Pieruccini           |  | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)<br>No |  |
| SOCIAL SECURITY NUMBER<br>541-18-2172   |  | USUAL OCCUPATION (give kind of work done during most of working life, even if retired)<br>Office Manager                   |  | KIND OF BUSINESS OR INDUSTRY<br>Klamath Co. Tax Assessors Office             |  |   |  |   |  |
| RESIDENCE—STATE<br>Oregon   |  | COUNTY<br>Klamath  |  | CITY, TOWN, OR LOCATION<br>Klamath Falls                                     |  | STREET AND NUMBER OR R.F.D., ZIP<br>3628 Lakeport Blvd. 97601 |  | Inside City Limits (Specify Yes or No)<br>Yes                     |  |
| FATHER—NAME First middle last<br>Oreste - Giovannini  |  | MOTHER—First middle last (Maiden Name)<br>Carolina - Alexandrini   |  | INFORMANT—NAME and relationship to decedent<br>Nello J. Pieruccini, husband  |  |   |  |   |  |
| BURIAL, CREMATION, REMOVAL, MAUS. (Specify)<br>Burial   |  | CEMETERY OR CREMATORY—NAME<br>Eternal Hills Memorial Gardens   |  | LOCATION City or town state<br>Klamath Falls, Oregon                         |  |   |  |   |  |
| FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)<br>M.D.   |  | NAME AND ADDRESS OF FACILITY<br>O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601                           |  | DATE SIGNED (Mo. Day, Yr.)<br>Oct 14 85                                      |  | HOUR OF DEATH<br>5:45 P.                                      |  |   |  |
| NAME AND ADDRESS OF CERTIFIER (Type or Print)<br>Dr. Earle M. LeVernois, M.D., 2628 Campus Drive, Klamath Falls, Oregon 97601 |  | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  |  |  |   |  |   |  |
| DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)<br>OCT 14 1985  |  | REGISTRAR<br>(Signature) <i>Richard E. Chaum</i>   |  |  |  |   |  |   |  |
| PART I IMMEDIATE CAUSE<br>(a) Cardiac Resp. Failure<br>(b) Metastatic Carcinoma<br>(c) I <sup>o</sup> Carcinoma of RT Breast  |  | ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).<br>Interval between onset and death<br>Termin. 24 hrs<br>Known 25 hrs |  |  |  |   |  |   |  |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)            |  |  |  |  |  |   |  |   |  |
| ACCIDENT (Specify Yes or No)<br>No  |  | DATE OF INJURY (Mo. Day, Yr.)<br>No  |  | HOUR OF INJURY<br>No   |  | DESCRIBE HOW INJURY OCCURRED<br>No                            |  | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)<br>No           |  |
| INJURY AT WORK (Specify Yes or No)<br>No  |  | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br>No                                      |  | LOCATION<br>No   |  | STREET OR R.F.D. NO<br>No                                     |  | CITY OR TOWN<br>No  |  |
| STATE<br>No   |  |  |  |  |  |   |  |   |  |

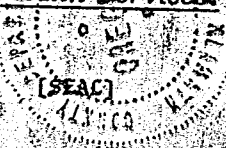
ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 12-83

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

By *Richard E. Chaum* Deputy RegistrarDate *Oct 14, 1985*

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of \_\_\_\_\_  
of October \_\_\_\_\_ A.D., 19 85 at 11:43 o'clock A M., and duly recorded in Vol. M85  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 16883

FEE \$5.00

Evelyn Biehn

County Clerk

Ret: Nello Pieruccini

3628 Lakeport Blvd., Klamath Falls, Ore. 97601