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07784
ID TAG NO.
353
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
Vol. M86 Page

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

Field	Entry
1. Deceased — Name (First, Middle, Last)	Louie F. BORGIALLI
2. Date of Death	September 14, 1986
3. Race	White
4. Sex	Male
5a. Age — Last birthday (years)	70
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth	January 29, 1916
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	Inpatient
7d. County of Death	Klamath
8. State of Birth	Wyoming
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Widowed
11. Spouse	Esther Borgialli
12. Was Decedent Ever in U.S. Armed Forces?	No
13. Social Security Number	543-10-0753
14a. Usual Occupation	Truck Driver
14b. Kind of Business or Industry	Bakery

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

Field	Entry
15a. Residence — State	Oregon
15b. County	Klamath
15c. City, Town or Location	Klamath Falls
15d. Street and Number or R.F.D.	431 Upham St. Zip 97601
15e. Inside City Limits	Yes
16. Father — Name	Joseph - Borgialli
17. Mother — Name (Maiden Name)	Mary - Gillo
18. Informant — Name and relationship to deceased	Janet Hamblin, Daughter

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Maus.	Burial
19b. Cemetery or Crematory — Name	Eternal Hills Memorial Gardens
19c. Location	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, Or

1 ____ 2 ____ 3 ____

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.

Field	Entry
21a. (Signature)	[signature] M.D.
21b. Date Signed	September 15, 1986
21c. Hour of Death	6:48 A. M
21d. Name, Title and Address of Certifier	John J. Kleeman, M.D., 1905 Main St., Klamath Falls, Ore. ZIP: 97601
21e. Name of Attending Physician if Other Than Certifier	
22a. Date Received by Registrar	September 15, 1986
22b. Registrar (Signature)	Katherine E. Ciaurriz

CAUSE OF DEATH

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

23. Immediate Cause (Enter only one cause per line for (a), (b), and (c).)

Part I	Cause	Interval between onset and death
(a)	Pulmonary Embolus	4 hrs.
(b) Due to, or as a consequence of:	Cancer of Colon c mets.	7 mos.
(c) Due to, or as a consequence of:		

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

Field	Entry
24. Autopsy	No
25. Was Medical Examiner Notified	No
26a. Accident	No.
26b. Date of Injury	
26c. Hour of Injury	M
26d. Describe How Injury Occurred	
26e. Injury at Work	
26f. Place of Injury	
26g. Location (Street or R.F.D. No., City or Town, State)	

4 ____ 5 ____ 6 ____

Did hospital representative make request for anatomical gift consent? YES☐ NO☒ N/A☐
Was gift made? YES☐ NO☒ N/A☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL–VITAL STATISTICS COPY

45-2 Rev. 1-86

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

SEAL

By Katherine E. Ciaurriz, Deputy Regisrtar

Date September 15, 1986

VOID IF ALTERED

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

Carol McWilliams 563 Coburg Rd #4 Eugene, Org. 97401

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ________ the 18th day of September A.D., 19 86 at 12:25 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 16850.

Evelyn Biehn, County Clerk

By Pam Smith

FEE $5.00