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ID TAG NO.

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Local File Number

JAN 12 1987
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

CERTIFICATE OF DEATH

Vol. M87 Page 546

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

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

DISPOSITION

1
2
3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH4
5
6

DECEASED — NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 Antonio		(NMI)	VIDO		2 January 8, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE — Last birthday (years)		DATE OF BIRTH (month, day, year)	
3 White		4 Male	5a 84		6 October 3, 1902	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)		IF HOSP OR INST. indicate DOA, OP, Emer. Rm., Inpatient (specify)		COUNTY OF DEATH
7a Klamath Falls		7b West Medical Center		7c Emer. Rm.		7d Klamath
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)
8 Italy		9 U.S.A.		10 Married		12 No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 542-01-4624		14a Greenchain Operator		14b Car-Ad-Co Lumber Company		
RESIDENCE — STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER OR R.F.D.		ZIP
15a Oregon		15b Klamath	15c Klamath Falls	15d 1834 Lancaster		97601
FATHER — NAME		MOTHER — NAME	INFORMANT — NAME and relationship to deceased			
16 Luigi — Vido		17 Maria — Forner	18 Elena M. Vido, wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY — NAME		LOCATION		
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon 97601		
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY				
20a William F. Davenport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH		
21a (Signature)		21b January 9, 1987		21c 6:15 P M		
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		21d William A. Bartlett, MD, 2300 Clairmont, Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e				
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR				
22a January 12, 1987		22b (Signature) — Richard E. Craven				
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		Interval between onset and death				
(a) DUE TO, OR AS A CONSEQUENCE OF: Natural Causes		Interval between onset and death				
(b) DUE TO, OR AS A CONSEQUENCE OF: After sclerotic Cardiovascular Disease		15 years.				
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in Part I (a), (b) or (c)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
23 Dates: Trauma, Chronic CHF, pneumonia, hypoxia		24 No		25 No		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a No		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE		
26e No		26f	26g			
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?				
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>				
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

By Richard E. Craven, Deputy RegistrarDate Jan 12, 1987

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 13th day
of January A.D., 19 87 at 10:14 o'clock A.M., and duly recorded in Vol. M87
of Deeds on Page 546.

FEE \$5.00

Evelyn Biehn

County Clerk

By Bernice A. Ketch

Return to: Elena Mora-1834 Lancaster-Klamath Falls, OR 97601