1038 '89 JUN 5 PM 4 42 Vol. M89 Page 9920

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 281

STATE FILE NO. 66 013172
DATE RECEIVED OCT 1 1966

1. NAME OF DECEASED (Type or print all entries in black ink): First: Rosie Middle: Joann Last: Carnini

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION: Klamath Falls
C. LENGTH OF STAY IN 2B: 3 days
D. NAME OF HOSPITAL OR INSTITUTION: Pres. Intercomm. Hospt.

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Sprague River
D. STREET ADDRESS, RURAL ROUTE, ETC.: Box 367

4. DATE OF DEATH: Sept. 22, 1966
5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.: ——
9. USUAL OCCUPATION: ~~Housewife~~ Restaurant Operator
10. KIND OF BUSINESS OR INDUSTRY: Rest.
11. NAME OF SPOUSE: Mario Carnini

12. DATE OF BIRTH: June 24, 1906
13. AGE LAST BIRTHDAY: 60 Yrs.

14. BIRTHPLACE (State or Foreign Country): MultnomahCo., Oregon
15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: No

17. NAME OF FATHER: No Record
18. MAIDEN NAME OF MOTHER: No Record
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mario Carnini, husband

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Massive intracerebral hemorrhage — Interval between onset and death: 30 hours
DUE TO (B): Hypertension
DUE TO (C):

PART II: Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I (a): Obesity

21. If deceased was female, was there a pregnancy in the past 12 months? [ ] Yes [X] No [ ] Unknown
22. Was an autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not at Work
25A. PLACE OF INJURY
25B. City / County / State

26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I attended the deceased from Sept 21 66 to 9-22-66 and that the death occurred at 7:20 A.M. from the causes and on the date stated above.
(Signature) [signature] M.D. (Title) Klamath Falls, Ore. (Address) 9-23-66 (Date signed)

29. RESERVED FOR REGISTRAR'S USE: 331X

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 9/24/66
30C. NAME OF CREMATORY OR CEMETERY: Mt. Shasta
30D. LOCATION: Mt. Shasta, California

31. DATE RECEIVED BY LOCAL REGISTRAR: 9-23-66
32. REGISTRAR'S SIGNATURE: Marian Schreiner
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mike Blair O'Hair's 515 Pine, Klamath Fall