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ATC# 05034175

OREGON STATE HEALTH DIVISION

VITAL STATISTICS SECTION Vol. M89 Page 19939

37602
I.D. TAG NO.

378
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
136-
88-018607
State File Number

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)	Gino Angelo CARNINI	2. SEX: M	3. DATE OF DEATH: Sept. 28, 1988
4. SOCIAL SECURITY NUMBER: 543/09/4182	5a. AGE: 71	6. BIRTHPLACE: Klamath Falls, Or.	7. DATE OF BIRTH: Aug. 6, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? No	9a. PLACE OF DEATH: Other: Decedent's Residence		
9b. FACILITY NAME: 2167 Harvard Street	9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	9d. COUNTY OF DEATH: Klamath	
10a. DECEDENT'S USUAL OCCUPATION: Property Manager	10b. KIND OF BUSINESS/INDUSTRY: Real Estate	11. MARITAL STATUS: Married	12. SPOUSE: Barbara
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 2167 Harvard Street
13e. INSIDE CITY LIMITS? Yes	13f. ZIP CODE: 97601	15. RACE: White	16. DECEDENT'S EDUCATION: 12
17. FATHER - NAME: Pietro - Carnini	18. MOTHER - NAME: Teresa - Riccomini	19. INFORMANT - NAME and relationship: Jeanne Carnini / Daughter	
20a. METHOD OF DISPOSITION: Burial	20b. PLACE OF DISPOSITION: Mt. Calvary Cemetery	20c. LOCATION: Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE: [signature]	21b. LICENSE NUMBER: 3409	22. NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

TIME OF DEATH: 2040	WAS MEDICAL EXAMINER NOTIFIED? No
To the best of my knowledge death occurred at the time, date, place and due to the cause(s) stated. Signature: September 29, 1988	
DATE SIGNED: [signature] James F. Novak MD	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: Mark S. Kochevar, MD / 1905 Main Street / Klamath Falls, Oregon / 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: JAMES F. NOVAK M.D.

IMMEDIATE CAUSE: Metastatic Prostatic Carcinoma — 1½ yr.

DUE TO OR AS A CONSEQUENCE OF:

DUE TO OR AS A CONSEQUENCE OF:

OTHER SIGNIFICANT CONDITIONS:

AUTOPSY: No

MANNER OF DEATH: Natural

REGISTRAR'S SIGNATURE: Michelle Barfell — DATE FILED: OCT 7 1988

'89 OCT 19 AM 11 12

ORIGINAL—VITAL STATISTICS COPY

After recording return to:
Barbara H. Carnini
2167 Harvard
Klamath Falls, Or. 97601

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED: OCT 12 1989

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 19th day of Oct. A.D., 19 89 at 11:12 o'clock A.M., and duly recorded in Vol. M89, of Deeds on Page 19939.

Evelyn Biehn, County Clerk
By [signature] Pauline Mullendore

FEE $8.00