

VITAL STATISTICS SECTION

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

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Slate File Number

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DECEASED'S NAME Gino Angelo Carnini		Last Name CARNINI		J. SEX M		J. DATE OF BIRTH (Month, Day, Year) Sept. 28, 1988	
SOCIAL SECURITY NUMBER 543/09/4182		AGE (Last birthday) 71		5a. UNDER 1 YEAR Date: _____ Cause: _____		6. BIRTHPLACE (City, and State or Foreign) Klamath Falls, Or.	
7. DATE OF BIRTH (Month, Day, Year) Aug. 6, 1917		8a. PLACE OF DEATH (Circle one only) ☒ At home ☐ At place of death ☐ At place of death		8b. Naming time ☒ At home ☐ At place of death ☐ At place of death		9. COUNTY OF DEATH Klamath	
10. FACILITY NAME (If not home, give street and number) 2167 Harvard Street		11. CITY/TOWN OR LOCATION OF DEATH Klamath Falls		12. SPOUSE (If married, without) Barbara		13. COUNTY OF DEATH Klamath	
14. DECEASED'S USUAL OCCUPATION Property Manager		15. KIND OF BUSINESS/INDUSTRY Real Estate		16. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Single) Married		17. SPOUSE (If married, without) Barbara	
18. RESIDENCE - STATE Oregon		19. COUNTY Klamath		20. CITY/TOWN OR LOCATION Klamath Falls		21. STREET AND NUMBER 2167 Harvard Street	
22. ZIP CODE 97601		23. WAS DECEASED OF RESIDING ORIGIN? ☒ Yes ☐ No		24. RACE (Specify race or ethnicity) White		25. DECEASED'S EDUCATION (Specify only highest grade completed) 12	
26. FATHER - NAME and last name Pietro - Carnini		27. MOTHER - NAME and last name Teresa - Riccomini		28. INFORMANT - NAME and relationship to deceased Joanne Carnini / Daughter		29. LOCATION (City, State, Zip) Klamath Falls, Oregon	
30. METHOD OF DISPOSITION ☒ At home ☐ At place of death ☐ At place of death		31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery		32. LOCATION (City, State, Zip) Klamath Falls, Oregon		33. SIGNATURE OF DECEASED'S SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
34. LICENSE NUMBER 3409		35. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601		36. TIME OF DEATH 2040		37. DATE PRONOUNCED DEAD (Month, Day, Year) September 29, 1988	
38. TIME OF DEATH 2040		39. DATE PRONOUNCED DEAD (Month, Day, Year) September 29, 1988		40. SIGNATURE OF DECEASED'S SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		41. SIGNATURE OF DECEASED'S SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
42. NAME, ADDRESS AND ZIP OF FACILITY Mark S. Kochevar, MD / 1905 Main Street / Klamath Falls, Oregon / 97601		43. NAME OF ATTENDING PHYSICIAN (If other than certifier, give name) JAMES F. NOVAK M.D.		44. HARMFUL CAUSE (If not "Metastatic Prostatic Carcinoma", give name) Metastatic PROSTATIC CARCINOMA		45. SIGNATURE OF DECEASED'S SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
46. DATE OF DEATH September 29, 1988		47. SIGNATURE OF DECEASED'S SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		48. SIGNATURE OF DECEASED'S SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		49. SIGNATURE OF DECEASED'S SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	
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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**

EDWARD J. JOHNSON I
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

FEE \$8.00

Evelyn Biehn County Clerk
By Queline Muelenders