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I.D. TAG NO.
257
Local File Number

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

CERTIFICATE OF DEATH

DECEDENT

1. DECEDENT'S NAME: First: Albert; Middle: Anthony; Last: BRICCO
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): May 10, 1990
4. SOCIAL SECURITY NUMBER: 542-09-9949
5a. AGE - Last Birthday (Years): 73
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Canada
7. DATE OF BIRTH (Month, Day, Year): April 20, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
8a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Lebanon Community Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Lebanon
9d. COUNTY OF DEATH: Linn
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Master Mechanic
10b. KIND OF BUSINESS/INDUSTRY: Alaska Pipeline
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Catherine
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Linn
13c. CITY, TOWN, OR LOCATION: Lebanon
13d. STREET AND NUMBER: 3393 Snow Peak Place
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97355
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Benjamin Bricco
18. MOTHER - NAME first middle maiden: Emma Knowles
19. INFORMANT - NAME and relationship to deceased: Rodney S. Bricco - Son

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Ft. Klamath Cemetery
20c. LOCATION - City or Town, State: Ft. Klamath, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Robert L. Haskell
21b. LICENSE NUMBER (Of Licensee): 0153
22. NAME, ADDRESS AND ZIP OF FACILITY: Huston Funeral Home, 86 W. Grant St., Lebanon, Oregon 97355
23. DATE FILED (Month, Day, Year): May 14, 1990
24. REGISTRAR'S SIGNATURE: Pam R. Walker, Deputy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 10:23 P.M
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): F. Leo Little MD
30. DATE SIGNED (Month, Day, Year): 5-11-90

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Leo Little MD 55 A Twin Oaks Lebanon OR 97355
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

PART I

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
(a) Heart failure — Interval between onset and death: weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cardiomyopathy, hypertension, aortic stenosis — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II

OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.: COPD, alcoholism

37. Did tobacco use contribute to the death? ☐ Yes ☐ No ☐ Probably ☒ Unk
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

45-2 REV. 1-89

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF LINN

THIS CERTIFIES THAT THE FOREGOING IS A REPRODUCTION OF A RECORD OF DEATH ON FILE WITH THE LINN COUNTY HEALTH DEPARTMENT

Pam R. Walker, Deputy
Deputy Registrar of Vital Statistics

Date May 17, 1990

NOT VALID WITHOUT RAISED SEAL OF LINN COUNTY HEALTH DEPARTMENT

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Christine Bricco the 6th day of June A.D., 19 90 at 12:48 o'clock P.M., and duly recorded in Vol. M90, of Deeds on Page 10873.

Evelyn Biehn, County Clerk

By Pauline Muelenaere

FEE $8.00

Return: Christine Bricco
Box 770
Chiloquin, Or. 97624