

## CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit

## CERTIFICATE OF DEATH

I.D. TAGHO

Local File Number

State File Number

1 DECEDENT'S NAME <b>Albert Edward BRUCERI</b>		2 SEX <b>M</b>	3 DATE OF DEATH (Month, Day, Year) <b>May 14, 1991</b>
4 SOCIAL SECURITY NUMBER <b>119/22/6228</b>	5a AGE - Last Birthday (Years) <b>59</b>	5b Under 1 Year <b>None</b>	5c Under 1 Day <b>None</b>
6 BIRTHPLACE (City and State or Foreign Country) <b>Brooklyn, NY</b>		7 DATE OF BIRTH (Month, Day, Year) <b>Oct. 29, 1931</b>	
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Physician's Office <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not ambulatory, give street and number) <b>Merle West Medical Center</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Tool Design Engineer</b>		10b KIND OF BUSINESS/INDUSTRY <b>Aircraft Manufacturing</b>	
11 MARITAL STATUS - Attest, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12 SPOUSE (If Married, Widowed) <b>Nancy</b>	
13a RESIDENCE - STATE <b>Oregon</b>		13b CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	
13c ZIP CODE <b>97603</b>		14 STREET AND NUMBER <b>4832 Glenwood Drive</b>	
15 WAS DECEDENT OF HISPANIC ORIGIN? (Specify race or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>White</b>		16 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>2</b>	
17 FATHER - NAME <b>Salvatore - Bruceri</b>		18 MOTHER - NAME <b>Helen M. Spiel</b>	
19a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation to Science <input type="checkbox"/> Other (Specify)		19b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Klamath Cremation Service</b>	
20a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		20b LICENSE NUMBER <b>3409</b>	
21 DATE FILED (Month, Day, Year) <b>MAY 14 1991</b>		22 NAME, ADDRESS AND ZIP OF FACILITY <b>Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601</b>	
23 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		24 REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25 TO BE COMPLETED BY CERTIFYING PHYSICIAN		26 TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27 TIME OF DEATH <b>0845</b>		28 DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <b>M</b>	
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		30 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) <i>[Signature]</i>	
31 DATE SIGNED (Month, Day, Year) <b>5-14-91</b>		32 DATE SIGNED (Month, Day, Year) <b>5-14-91</b>	
33 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <b>Alden B. Glidden, MD / 2680 Uhrmann Road / Klamath Falls, Oregon / 97601</b>		34 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
35 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c). Do not enter more than one, e.g., Death of respiratory arrest)		36 INTERVAL BETWEEN ONSET AND DEATH	
37 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: (b) (c)		38 INTERVAL BETWEEN CAUSE AND DEATH	
39 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: (b) (c)		39 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: (b) (c)	
40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a DATE OF INJURY (Month, Day, Year)	
41b TIME OF INJURY <b>M</b>		41c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e DESCRIBE HOW INJURY OCCURRED	
42 LOCATION (Street and Number or Rural Route Number, City or Town, State)		43 Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
44 AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		45 IF YES, were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED — MAY 1-6-1991 —

DONNA A. VERLING  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Nancy Bruceri the 12th day of July A.D., 19 91 at 11:38 o'clock A.M., and duly recorded in Vol. 991 of Deeds on Page 13671.Evelyn Biehn  
County Clerk  
By [Signature]

FEE \$8.00

Return: Mrs. Nancy Bruceri  
4832 Glenwood DR., Klamath Falls, Or. 97603