

105743
I.D. TAG NO.
416

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: Leon Middle: Joseph Last: SCIURBA, SR.		2. SEX M	3. DATE OF DEATH (Month, Day, Year) November 5, 1991
4. SOCIAL SECURITY NUMBER 573-09-8813		5a. AGE Last Birthday (Years) 69	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Los Angeles, CA		7. DATE OF BIRTH (Month, Day, Year) December 3, 1921	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) Ambulance			
9a. FACILITY NAME (If not institution, give street and number) Enroute to Merle West Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Die Maker		10b. KIND OF BUSINESS/INDUSTRY Precision Manufacturing	
11. MARITAL STATUS - Married		12. SPOUSE (If Married, Widowed, Divorced) (Specify) Teresa R.	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Beatty	
13c. STREET AND NUMBER P.O. Box 174		14. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
15. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. ZIP CODE 97621	
17. FATHER - NAME first middle last Joseph - Sciurba		18. MOTHER - NAME first middle maiden Anna Lee Montago	
19. INFORMANT - NAME and relationship to decedent Teresa R. Sciurba, wife		20. LOCATION - City or Town, State Klamath Falls, OR 97603	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Dean A. Davenport</i>		23. LICENSE NUMBER (Of Licensee) 53-0124	
24. DATE FILED (Month, Day, Year) NOV 12 1991		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194		27. REGISTRAR'S SIGNATURE <i>Donna A. Verling</i>	
28. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		29. TO BE COMPLETED BY CERTIFYING PHYSICIAN	
30. TIME OF DEATH 13:45 P M		31. WAS METICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Sylvia Chatroux</i>		33. DATE SIGNED (Month, Day, Year) November 6, 1991	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Sylvia Chatroux, MD, 2300 Clairmont, Klamath Falls, Oregon 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. H YES, were findings of the autopsy determined to be the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> I/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		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. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

DATE ISSUED **NOV 12 1991**

Donna A. Verling
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Mountain Title Co.** the **13th** day of **Nov.** A.D., 19 **91** at **1:27** o'clock **PM.**, and duly recorded in Vol. **M91** of **Deeds** on Page **23721**.

Evelyn Biehn County Clerk
By *Orville M. Henderson*

FEE \$8.00