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COUNTY OF SAN DIEGO - DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY. THIS IS, TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. FEE PAID: $4.00 DATE ISSUED Jan. 23, 1984 Donald L. Powers, M.D. REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8009

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: Vincent | 1B. MIDDLE: Joseph | 1C. LAST: Tombrello
2A. DATE OF DEATH (MONTH, DAY, YEAR): January 18, 1984 | 2B. HOUR: 0945
3. SEX: Male | 4. RACE/ETHNICITY: Caucasian | 5. SPANISH/HISPANIC NO: X | 6. DATE OF BIRTH: April 21, 1924
7. AGE: 59 YEARS | IF UNDER 1 YEAR MONTHS | DAYS | IF UNDER 24 HOURS HOURS | MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): AL
9. NAME AND BIRTHPLACE OF FATHER: Vincent Tombrello-Sicily
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Concetta Zito-Sicily
11. CITIZEN OF WHAT COUNTRY: USA
12. SOCIAL SECURITY NUMBER: 555-52-0154
13. MARITAL STATUS: Divorced
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): ---
15. PRIMARY OCCUPATION: Nurse
16. NUMBER OF YEARS THIS OCCUPATION: 6
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): General Dynamics Corp.
18. KIND OF INDUSTRY OR BUSINESS: Aircraft
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3355 Jemez Drive
19B. COUNTY: San Diego
19C. CITY OR TOWN: San Diego
19D. PLACE OF DEATH
19E. STATE: California
19B. COUNTY: San Diego
20. NAME AND ADDRESS OF INFORMANT — RELATIONSHIP: Carole D. Rosenthal-Daughter, 4650 Orchard Avenue, San Diego, California 92107
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3355 Jemez Drive
21D. CITY OR TOWN: San Diego

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Myocardial infarction	a few Hrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (B)	Coronary occlusion and bypass operation	3 mos
DUE TO, OR AS A CONSEQUENCE OF (C)	Angina pectoris	8 or 9 years

24. WAS DEATH REPORTED TO CORONER? YES
25. WAS AUTOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Arteriosclerotic heart disease
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Yes (1) DATE: Unknown

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): Oct 4. 1980 | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 1-6-1984
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Ruben S. Walchef M.D.
28C. DATE SIGNED: 1-19-84
28D. PHYSICIAN'S LICENSE NUMBER: A20 987
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Luben S. Walchef M.D. 4322 Copeland Avenue, San Diego, CA 9210

29. SPECIFY ACCIDENT, SUICIDE, ETC.
30. PLACE OF INJURY
31. INJURY AT WORK
32A. DATE OF INJURY—MONTH, DAY, YEAR
32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
35C. DATE SIGNED

36. DISPOSITION: Cremation
37. DATE—MONTH, DAY, YEAR: 1/23/1984
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Greenwood Crematory, I-805 & Imperial Avenue, San Diego, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: NOT EMBALMED
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Clairemont Mortuary
40B. LICENSE NO.: F-1126
41. LOCAL REGISTRAR—SIGNATURE: Donald L. Powers, M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN 20 1984

STATE REGISTRAR | A. | B. | C. | D. | E. | F.

VS-11 (6-82)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Neal G. Buchanan the 14th day of Jan. A.D., 19 92 at 4:46 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 811.

Evelyn Biehn, County Clerk
By Darlene Mullendore

FEE $8.00
Return: Neal G. Buchanan
601 Main St. #215, Klamath Falls, Or. 97601