42596

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol M92 Page 6140

C 4800
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

Local File Number: 43

136- State File Number: 90-002394

Field	Entry
1. Decedent's Name (First, Middle, Last)	Albert Salvatore BONURA
2. Sex	Male
3. Date of Death	February 1, 1990
4. Social Security Number	050-09-2147
5a. Age - Last Birthday (Years)	73
8. Birthplace (City and State or Foreign Country)	Brooklyn, New York
7. Date of Birth	July 20, 1916
8. Was Decedent Ever in U.S. Armed Forces?	X Yes ☐ No
9a. Place of Death	Other: ☒ Decedent's Home
9b. Facility Name (if not institution, give street and number)	7203 Boyd Court
9c. City, Town, or Location of Death	Klamath Falls
9d. County of Death	Klamath
10a. Decedent's Usual Occupation	Machine Operator
10b. Kind of Business/Industry	Soap Production
11. Marital Status	Married
12. Spouse	Anna Bonura
13a. Residence - State	Oregon
13b. County	Klamath
13c. City, Town, or Location	Klamath Falls
13d. Street and Number	7203 Boyd Court
13e. Inside City Limits?	☐ Yes ☒ No
13f. Zip Code	97603
14. Was Decedent of Hispanic Origin?	☒ No
15. Race	White
16. Decedent's Education (Elementary/Secondary 0-12)	9
17. Father - Name	Joseph - Bonura
18. Mother - Name (first, middle, maiden)	Anna - Amara
19. Informant - Name and relationship to deceased	Anna Bonura Wife
20a. Method of Disposition	☒ Cremation
20b. Place of Disposition	Klamath Cremation Service
20c. Location	Klamath Falls, Oregon
21a. Signature of Funeral Service Licensee or Person Acting as Such	Merrie Reif (signature)
21b. License Number	3329
22. Name, Address and Zip of Facility	O'Hair Funeral Chapel, 515 Pine Street, Klamath Falls, OR
23. Date Filed	FEB 2 1990
24. Registrar's Signature	Nancy Kennedy (signature)
25. Did Hospital Representative Make Request for Anatomical Gift Consent?	☐ Yes ☒ No ☐ N/A
26. Was Gift Made?	☐ Yes ☒ No ☐ N/A

To be completed by certifying physician

Field	Entry
27. Time of Death	7:15 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)	A. E. Glidden (signature) M.D.
30. Date Signed	2-2-90

To be completed only by medical examiner

31a. Time of Death — 31b. Date Pronounced Dead — 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 — County

34. Name, Title, Address and Zip of Certifier/Medical Examiner: Alden Glidden, M.D. 2680 Uhrmann Road Klamath Falls, Oregon 97601

35. Name of Attending Physician if Other Than Certifier:

36. Immediate Cause		Interval between onset and death
Part I (a)	Hypoxia	Chronic
(b) Due to, or as a consequence of	Adenocarcinoma of the lungs	1 mo.
(c) Due to, or as a consequence of	Severe advanced COPD	Chronic

Part II. Other significant conditions: Severe atherosclerosis post aortic & fem pop bypass 3-88

37. Did tobacco use contribute to the death? ☒ Yes
38. Autopsy: ☒ No
39. If yes were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. Manner of Death: ☒ Natural

41a. Date of Injury — 41b. Time of Injury — 41c. Injury at Work? — 41d. Describe How Injury Occurred — 41e. Place of Injury — 41f. Location

Reserved for Registrar's Use

'92 MAR 24 AM 11 00

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 MAY 15 1991

Edward J. Johnson II (signature)
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Melvin Ferguson the 24th day of March A.D., 19 92 at 11:00 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 6140.

Evelyn Biehn County Clerk
By Pauline Mullendore (signature)

FEE $10.00

Return: Melvin Ferguson
325 Main St. Klamath Falls, Or. 97601