

66543
I.D. TAG NO.539
Local File NumberOREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

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State File Number

43465

1. DECEDENT'S NAME First Joseph Last ADAMO, Jr.		2. SEX M	3. DATE OF DEATH (Month, Day, Year) December 21, 1989
4. SOCIAL SECURITY NUMBER 098-05-1528		5a. AGE - Last Birthday (Years) 73	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Staten Island, N.Y.		7. DATE OF BIRTH (Month, Day, Year) August 28, 1916	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) West Care Home		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
12. COUNTY OF DEATH Klamath		13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
14. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.) Electrician		15. SPOUSE (If Married, Widowed, Divorced) Pearl Rhodes	
16. RESIDENCE - STATE Oregon		17. COUNTY Klamath	
18. CITY, TOWN, OR LOCATION Klamath Falls		19. STREET AND NUMBER 321 North 5th Street, Apt #22	
20. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. ZIP CODE 97601	
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		23. RACE American Indian, Black, White, etc. (Specify) White	
24. MOTHER - NAME first middle last Joseph - Adamo, Sr.		25. FATHER - NAME first middle last Caroline - Erlenmayer	
26. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
28. DATE FILED (Month, Day, Year) DEC 26 1989		29. SIGNATURE OF REGISTRAR Donna A. Verling	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		31. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
32. TIME OF DEATH 0230 A M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. DATE SIGNED (Month, Day, Year) December 21, 1989	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) George Whang, D.O., Chiloquin Medical Center, Chiloquin, Oregon 97624		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.) PART I (a) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (b) Aspiration DUE TO, OR AS A CONSEQUENCE OF: (c) Alcoholism PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I. Gastrointestinal hemorrhage		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. 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"/> Homicide <input type="checkbox"/> Legal Intervention		39. DATE OF INJURY (Month, Day, Year)	
40. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
42. DESCRIBE HOW INJURY OCCURRED		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED

DEC 27 1989

DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Pearl Adamo the 14th day of April A.D., 19 92 at 2:08 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 7831.

FEE \$10.00

Return: Pearl Adamo
321 N. 5th, #22, Klamath Falls, Or. 97601Evelyn Biehn County Clerk
By Rauline Mullendore