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TYPE OR PRINT IN PERMANENT BLACK INK

49583
C-8130
I.D. TAG NO.

Local File Number

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

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19031
136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Frank; Middle: Michael; Last: ROMANOSKI
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): June 4, 1991
4. SOCIAL SECURITY NUMBER: 211-10-7950
5a. AGE - Last Birthday (Years): 73
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Nanticoke, PA
7. DATE OF BIRTH (Month, Day, Year): September 16, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): [ ] HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA [ ] OTHER: [ ] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): McKenzie-Willamette Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Springfield
9d. COUNTY OF DEATH: Lane
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Communication Maintenance
10b. KIND OF BUSINESS/INDUSTRY: Telephone Utility
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Hilda R.
13a. RESIDENCE - STATE: California
13b. COUNTY: Contra Costa
13c. CITY, TOWN, OR LOCATION: Pittsburg
13d. STREET AND NUMBER: P.O. Box 5305
13e. INSIDE CITY LIMITS? [X] Yes [ ] No
13f. ZIP CODE: 94565
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Michael Romanoski
18. MOTHER - NAME first middle maiden: Augusta Szymanski
19. INFORMANT - NAME and relationship to deceased: Hilda R. Romanoski - spouse

DISPOSITION

20a. METHOD OF DISPOSITION: [ ] Mausoleum [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Uniservice Crematory
20c. LOCATION - City or Town, State: Corvallis, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 1279
22. NAME, ADDRESS AND ZIP OF FACILITY: Cremation Society of Oregon, P.O. Box 11067 Portland, OR 97211
23. DATE FILED (Month, Day, Year): JUN 10 1991
24. REGISTRAR'S SIGNATURE: Victoria Kay Nease
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1342 M
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): C A Stanton MD
30. DATE SIGNED (Month, Day, Year): 6/6/91

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year): M
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 (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Charles J. Stanton MD, 960 N. 16th Suite 311, Springfield, Oregon 97477
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Immunoblastic Sarcoma of Stomach — Interval between onset and death: 2 months
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
37. Did tobacco use contribute to the death? [ ] Yes [X] No [ ] Probably [ ] Unk
38. AUTOPSY [ ] Yes [X] No
39. If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A
40. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY: M
41c. INJURY AT WORK? [ ] Yes [ ] No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 3-90

STATE OF OREGON, COUNTY OF LANE DATE: June 10, 1991

THIS CERTIFIES THAT THE FOREGOING IS A CORRECT AND COMPLETE TRANSCRIPT OF A RECORD OF DEATH ON FILE WITH THE LANE COUNTY HEALTH DIVISION

Registrar of Vital Statistics

By: Victoria Kay Nease
Deputy Registrar

NOT VALID WITHOUT THE RAISED SEAL OF THE LANE COUNTY HEALTH DIVISION, STATE OF OREGON

19032

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Hilda R. Romanoski the 21st day of Aug. A.D., 19 92 at 10:37 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 19031.

Evelyn Biehn, County Clerk
By Pauline Neubecker

FEE $15.00

Return: Hilda R. Romanoski
P.O. Box 1073
Oakridge, Or. 97463