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I.D. TAG NO.

181

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Joseph Middle: Micheal Last: BRUNO		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) January 24, 1993	
4. SOCIAL SECURITY NUMBER 571-28-4749		5a. AGE-Last Birthday (Years) 66		5b. Under 1 Year 5c. Under 1 Day 5d. Under 1 Hour 5e. Under 1 Minute	
6. BIRTHPLACE (City and State or Foreign Country) San Jose, California		7. DATE OF BIRTH (Month, Day, Year) April 29, 1926			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> EROutpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street and number) 4886 14th Place S.			11. CITY, TOWN, OR LOCATION OF DEATH Salem		
12. COUNTY OF DEATH Marion					
13a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver		13b. KIND OF BUSINESS/INDUSTRY Recycling		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath		17. STREET AND NUMBER 34418 Pleasant View Rd.	
18. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. ZIP CODE 97624		20. RACE American Indian, Black, White, etc. (Specify) White	
21. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		22. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8			
23. FATHER - NAME first middle last Angelo Bruno		24. MOTHER - NAME first middle maiden Mary-Marie Gargano		25. INFORMANT - NAME and relationship to deceased Mary Bruno-Wife	
26. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) DeMoss-Durdan Garden Chapel Crematory		28. LOCATION - City or Town, State Corvallis, Oregon	
29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		30. LICENSE NUMBER (Of Licensee) 3164		31. NAME, ADDRESS AND ZIP OF FACILITY Cremation Society of Oregon 11667 S.E. Stevens Rd. Portland, Oregon 97266	
32. DATE FILED (Month, Day, Year) FEB 3 1993		33. REGISTRAR'S SIGNATURE <i>[Signature]</i>		34. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
35. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
36. TIME OF DEATH 11:40 a.m. M		37. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Chris Nobis</i>					
39. DATE SIGNED (Month, Day, Year) 1/24/93					
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Chris Nobis M.D. 2400 Landcaster Drive N.E. Salem, Oregon 97305					
41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
TO BE COMPLETED ONLY BY MEDICAL EXAMINER					
42. TIME OF DEATH M		43. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
44. 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)					
45. DATE SIGNED (Month, Day, Year) COUNTY					
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.					
(a) <i>Metastatic adenocarcinoma</i>		Interval between onset and death <i>months</i>			
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
46. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		47. DATE OF INJURY (Month, Day, Year)		48. TIME OF INJURY M	
49. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		50. DESCRIBE HOW INJURY OCCURRED			
51. LOCATION (Street and Number or Rural Route Number, City or Town, State)		52. DID tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown			
53. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		54. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED:

FEB 3 1993

RUTH A. JOHNSON  
COUNTY REGISTRAR  
MARION COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Bruno the 9th day of Feb. A.D., 19 93 at 10:54 o'clock AM. and duly recorded in Vol. M93 of Deeds on Page 2903.

Evelyn Biehn - County Clerk

By [Signature]

FEE \$10.00

Return: Mary Bruno

34418 Pleasant View Rd., Chiloquin, Or. 97624