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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

39234

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR.	2B. HOUR	3. SEX
ROBERT	Thomas	PARENTE	NOVEMBER 27, 1992	1429	M

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Caucasian	☐ YES _____ ☒ NO	May 4, 1929	63				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
NY	USA	Samuel Parente	Unkn.	Lillian Delorme	France

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 48 TO 19 50 ☐ NONE	039 - 14 - 1037	Married	Lorraine Bromwell

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Production Controller	Aircraft Maint.	McClellan AFB	25	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
2448 Newbold Road	Chiloquin	97624

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Klamath	2	Oregon	Lorraine Parente - Wife 2448 Newbold Road Chiloquin, OR 97624

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
KAISER FOUNDATION HOSP.	IP	SACRAMENTO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
2025 MORSE AVENUE	SACRAMENTO

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CONGESTIVE HEART FAILURE	48 HRS
DUE TO	(B) CORONARY ARTERY DISEASE	19 YRS
DUE TO	(C) ATHEROSCLEROSIS	25 YRS

22. WAS DEATH REPORTED TO CORONER? ☒ YES 92-3994 ☐ NO

23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☒ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: MALIGNANT LYMPHOMA OF MEDIASTINUM

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE: NONE

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: R. Garry Clark M.D.

27C. CERTIFIER'S LICENSE NUMBER: A-022166

27D. DATE SIGNED: 12/1/92

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR
11/26/92	11/27/92

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: R. GARRY CLARK, M. D. 1001 RIVERSIDE AVENUE, ROSEVILLE, CA 95678

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined

30A. PLACE OF INJURY

30B. INJURY AT WORK ☐ YES ☐ NO

30C. DATE OF INJURY MONTH, DAY, YEAR

31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
CR/SEA	3 miles off coast from Pacifica Pacific Ocean	12/03/1992	Not Embalmed	- - -

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Reichert's Funeral and Cremation Services	FD 1489	Bette B Hinston, M.D.	Dec 2 1992 MR

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

COUNTY OF SACRAMENTO OFFICER

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE SACRAMENTO COUNTY HEALTH OFFICER, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL STATISTICS SECTION, SACRAMENTO COUNTY DEPARTMENT OF HEALTH, SACRAMENTO, CALIFORNIA.

Bette B Hinston, M.D. REGISTRAR

Bonnie York DEPUTY

DATE: DEC 04 1992

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lorraine Parente the 16th day of April A.D., 19 93 at 11:10 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 7892.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $10.00

RETURN: Lorraine Parente, 2448 Newbold Road
Chiloquin, Or 97624