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155287 — OREGON DEPARTMENT OF HUMAN RESOURCES
ID TAG NO.
72733 — 589 (Local File Number)
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH — 136 (State File Number)

12-13-93P03:48 RCVD

DECEDENT

1. DECEDENT'S NAME: First: Piotr; Middle: Wojciech; Last: ZABRONI
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 9, 1993
4. SOCIAL SECURITY NUMBER: 506 54 7031
5a. AGE-Last Birthday (Years): 53
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Żurawica, Poland
7. DATE OF BIRTH (Month, Day, Year): April 22, 1940
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? X No
9a. PLACE OF DEATH (Check only one): X Hospital (Inpatient); Emergency Room/ER; DOA; Other (Nursing Home; Decedent's Home; Other (Specify))
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Finishing Carpenter
10b. KIND OF BUSINESS/INDUSTRY: Building
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widowed): Rosalind
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2241 Greensprings Drive # 72
13e. INSIDE CITY LIMITS? X Yes
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): No
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: Franciszek; Middle: -; Last: Zabroni
18. MOTHER - NAME: First: Anna; Middle: -; Maiden: Makaym

INFORMANT

19. INFORMANT - NAME and relationship to deceased: Rosalind Zabroni / Wife

DISPOSITION

20a. METHOD OF DISPOSITION: X Burial; Cremation; Removal from State; Donation; Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Slead
21b. LICENSE NUMBER (Or Treasury): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. / 1945 Main / Klamath Falls, OR. / 97601
23. DATE FILED (Month, Day, Year): DEC 10 1993
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? X N/A
26. WAS GIFT MADE? X N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 09:05 M
28. WAS MEDICAL EXAMINER NOTIFIED? 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)
30. DATE SIGNED (Month, Day, Year): December 10, 1993

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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): Robert F. Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CAUSE OF DEATH

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) Adenocarcinoma of Pancreas with Metastasis — Interval between onset and death: 1 Year
(b) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: None
37. Did Tobacco Use Contribute to the Death? X No; Probably; Unknown
38. AUTOPSY: Yes X No
39. Was Autopsy (If Yes) 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 7/91

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

DATE ISSUED: DEC 10 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rosalind Zabroni the 13th day of Dec. A.D., 19 93 at 3:48 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 33113

FEE $10.00

Evelyn Biehn - County Clerk
By Darlene Mulkendorf

Return: Rosalind Zabroni, 2241 Greensprings Dr. #72
Klamath Falls, Or. 97601