CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

90030 10-24-94A11:08 RCVD

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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

189
Local File Number

CERTIFICATE OF DEATH

78-007601
State File Number

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	ANTONIO PRETARI
2. Date of Death	May 16, 1978
3. Race	White
4. Sex	Male
5a. Age—Last birthday (years)	81
6. Date of Birth	April 7, 1897
7a. County of Death	Klamath
7b. City, Town or Location of Death	Klamath Falls
7c. Hospital or other institution	Presbyterian Intercomm.
7d. Hosp. or Inst.	Inpatient
8. State of Birth (if not in U.S.A., name country)	Italy
9. Citizen of what country	USA
10. Married, never married, widowed, divorced	Married
11. Spouse	Lillie Pretari
12. Was decedent ever in U.S. Armed Forces?	No
13. Social Security Number	541 - 09 - 8274
14a. Usual Occupation	Owner: Lucca Cafe
14b. Kind of Business or Industry	Restaurant
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Klamath Falls
15d. Street and Number or R.F.D., Zip	3826 Lakeport Blvd 97601
15e. Inside City Limits	Yes
16. Father—Name	-
17. Mother—Maiden Name	-
18. Informant—Name and relationship to deceased	Joyce Sellars - Daughter

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Maus. (specify)	Mausoleum
19b. Cemetery or Crematory—Name	Eternal Hills Memorial Gardens
19c. Location (City or town, State)	Klamath Falls, Oregon
20a. Funeral Service Licensee (Signature)	[signature]
20b. Name and Address of Facility	WARD'S - 1945 Main - Klamath Falls, Oregon 97601

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

Field	Entry
21a. Signature	M. S. Kochevar, M.D.
21b. Date Signed	5-26-78
21c. Hour of Death	10:17 AM
21d. Name and Address of Certifier	Mark Kochevar, M.D. / 1905 Main St / Klamath Falls, Oregon 97601
21e. Name of Attending Physician if other than Certifier	
22a. Date Received by Registrar	MAY 30 1978
22b. Registrar (Signature)	[signature]

CAUSE OF DEATH

23. PART I (Enter only one cause per line for (a), (b), and (c).)

	Cause	Interval between onset and death
(a) Immediate cause	Heart block	10 min
(b) Due to, or as a consequence of	Anterior myocardial infarction	4 days
(c) Due to, or as a consequence of	Arteriosclerotic heart disease	15 yrs

PART II Other significant conditions: Parkinson's disease

Field	Entry
24. Autopsy	No
25. Was case referred to medical examiner or coroner	No
26a. Accident	No
26b. Date of Injury	
26c. Hour of Injury	
26d. Describe how injury occurred	
26e. Injury at work	
26f. Place of injury	
26g. Location	

RESERVED FOR REGISTRAR'S USE

After Recording Return to:
U.S. Bank Consumer Finance Ctr.
P.O. Box 3176
Portland, Or. 97208-3176

VS-2 Rev 1-78 P-65412

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED SEP 16 1994

[signature]
EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co the 24th day of Oct A.D., 19 94 at 11:08 o'clock A.M., and duly recorded in Vol. M94 of Deeds on Page 32970.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $10.00