CERTIFICATION OF VITAL RECORD

90495

41-02-[illegible]4A09-21 RCVD

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TYPE OR PRINT IN PERMANENT BLACK INK

094841 I.D. TAG NO.

471 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

State File Number

DECEDENT

1. DECEDENT'S NAME: First: Reno; Middle: —; Last: DE BORTOLI
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 25, 1994
4. SOCIAL SECURITY NUMBER: 540-28-6791
5a. AGE (Last Birthday) (Years): 71
5b. UNDER 1 YEAR (Months / Days): —
5c. UNDER 1 DAY (Hours / Min.): —
6. BIRTHPLACE (City and State or Foreign Country): McCloud, California
7. DATE OF BIRTH (Month, Day, Year): August 15, 1923
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ☐ No
9a. PLACE OF DEATH (Check only one): X Decedent's Home ☐ Other (Specify)
9b. HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER (Nursing Home)
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
9e. FACILITY NAME (If not institution, give street and number): 1843 Oregon Avenue
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Repairman
10b. KIND OF BUSINESS/INDUSTRY: Major Appliance Repair
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed, Divorced): Donna De Bortoli
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1843 Oregon Avenue
13e. INSIDE CITY LIMITS? X Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Mexican, Puerto Rican, Cuban, etc.) ☐ Yes
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 1; College (1-4 or 5+):

PARENTS

17. FATHER - NAME: first: Guglirelmo; middle: —; last: De Bortoli
18. MOTHER - NAME: first: Angelina; middle: —; last: Onisto

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): Eternal Hills Memorial Gardens
19. INFORMANT - NAME and relationship to deceased: Donna De Bortoli Spouse
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O Kyle
21b. LICENSE NUMBER (License): CO-3572
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine ST. Klamath Falls, OR 97601
DATE FILED (Month, Day, Year): OCT 27 1994
24. REGISTRAR'S SIGNATURE: Evelyn Simmons
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT? ☐ YES X NO ☐ N/A
26. VERIFIED? ☐ YES X NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:41 A M
28. WAS MEDICAL EXAMINER NOTIFIED? X Yes ☐ 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): [signature] M.D.
30. DATE SIGNED (Month, Day, Year): October 27, 1994
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): Blake Berven M.D. 2616 Clover Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

CONDITIONS IF ANY WHICH GAVE RISE TO THE 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) Ventricular Fibrillation — Interval between onset and death: 2 min
DUE TO, OR AS A CONSEQUENCE OF (b) IHD — Interval between onset and death: 4 yrs
DUE TO, OR AS A CONSEQUENCE OF (c) Hypertensive cardiomyopathy — Interval between onset and death: 2 yrs
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in Part I.
37. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
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
41c. [illegible]
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

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.
ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: OCT 27 1994

Janet Bailey
JANET BAILEY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

$10.00

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY DEPARTMENT OF HEALTH OREGON

STATE OF OREGON: COUNTY OF KLAMATH ss.

Filed for record at request of Donna DeBortoli the 2nd day of Nov A.D., 19 94 at 9:21 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 33918.

FEE $10.00

Evelyn Biehn County Clerk
By Darlene Mullendore

Return: Donna DeBortoli, 1843 Oregon Ave.