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I.D. TAG NO.

234

Local File Number

K-47521
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S First Name Ida			Middle Domincia			Last MELCHIORI			2. SEX Female			3. DATE OF DEATH (Month, Day, Year) May 20, 1995					
4. SOCIAL SECURITY NUMBER 543-12-2921			5a. AGE-Last Birthday (Years) 73			5b. Under 1 Year Mos. Days Hours Mins.			6. BIRTHPLACE (City and State or Foreign Country) Weed, California			7. DATE OF BIRTH (Month, Day, Year) September 26, 1921					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) 2051 Portland Street						9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls						9d. COUNTY OF DEATH Klamath					
10a. DECEDENT'S USUAL OCCUPATION (Give usual work done during most of working life. Do not use retired). Office Manager A T & T						10b. KIND OF BUSINESS/INDUSTRY Communications						11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Remo			
13a. RESIDENCE - STATE Oregon			13b. COUNTY Klamath			13c. CITY, TOWN OR LOCATION Klamath Falls			13d. STREET AND NUMBER 2051 Portland Street								
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			13f. ZIP CODE 97601			14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:			15. RACE American Indian, Black, White, etc. (Specify) White			16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12					
17. FATHER - NAME first middle last Emilio - Giacomelli						18. MOTHER - NAME first middle maiden Rita - Negro						19. INFORMANT - NAME and relationship to decedent Aldo Melchiori, son					
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)						20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens						20c. LOCATION - City or Town, State Klamath Falls, OR 97603					
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>						21b. LICENSE NUMBER (For Licensee) FS-0124			22. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194								
23. DATE FILED (Month, Day, Year) MAY 25 1995						24. REGISTRAR'S SIGNATURE <i>[Signature]</i>						25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A																	
27. TIME OF DEATH 14:30 P M												28. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) May 20, 1995 14:30 P M					
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>												30. DATE SIGNED (Month, Day, Year) May 22, 1995		31. COUNTY Klamath			
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James N. Beggs, MD, ME, 2300 Clairmont, Klamath Falls, Oregon 97601																	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Kenneth K. Magee, MD, 1900 Main Street, Klamath Falls, Oregon 97601																	
34. 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) Unknown Natural Causes												Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(b)												Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death					
(c)												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. CA, Diabetes												37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide			41a. DATE OF INJURY (Month, Day, Year)			41b. TIME OF INJURY M			41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

MAY 25 1995

DATE ISSUED:

ORIGINAL VITAL STATISTICS COPY

JANET BAILEY GOBER
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title the 20th day
 of July A.D., 19 95 at 3:11 o'clock P M., and duly recorded in Vol. M95
 of Deeds on Page 18796

FEE \$10.00 RETURN: KCT

Bernetha G. Leisner, County Clerk
 By *[Signature]*