

06-07-95A11:37 RCVD

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Vol. 1195 Page 20759

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK167901  
I.D. TAG NO.  
345OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS 136-  
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME First: <b>Diane</b> Middle: <b>E.</b> Last: <b>MONASTERO</b>		2 SEX <b>Female</b>	3 DATE OF DEATH (Month, Day, Year) <b>July 22, 1995</b>
4 SOCIAL SECURITY NUMBER <b>573-54-5878</b>		5a AGE, Last Birthday (Years) <b>53</b>	5b Under 1 Year Mos. Days Hours Mins
6 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7 DATE OF BIRTH (Month, Day, Year) <b>January 17, 1942</b>	8 BIRTHPLACE (City and State or Foreign Country) <b>Los Angeles, CA</b>
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <b>17928 Freight Road Lane</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Keno</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS/INDUSTRY <b>Entertainment</b>	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		12. SPOUSE (If Married, Widowed) <b>Robert Monastero</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. RESIDENCE - CITY, TOWN, OR LOCATION <b>Klamath</b>	
13c. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13d. ZIP CODE <b>97627</b>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		17. INFORMANT - NAME and relationship to deceased <b>Robert Monastero Spouse</b>	
18. FATHER - NAME first middle last <b>Milt Leavitt</b>		19. MOTHER - NAME first middle maiden <b>Clare Leachner</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" 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) <b>Klamath Cremation Service</b>	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Rogers</i>		22. NAME, ADDRESS AND ZIP OF FACILITY <b>O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601</b>	
23. DATE FILED (Month, Day, Year) <b>JUL 28 1995</b>		24. REGISTRAR'S SIGNATURE <i>Janet Bailey</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>8:30 P M</b>		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
29. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated. (Signature) <i>James N. Berge</i>			
30. DATE SIGNED (Month, Day, Year) <b>7/26/95</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>James N. Berge M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) <b>Self-inflicted gunshot wound to the head</b>		Interval between onset and death <b>Immediate</b>	
(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			
34. Depression			
35. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		36. DATE OF INJURY (Month, Day, Year) <b>7-22-95</b>	
37. TIME OF INJURY <b>Mid-Afternoon</b>		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) <b>At Home</b>		40. DESCRIBE HOW INJURY OCCURRED <b>.38 Cal. revolver discharged in mouth by the deceased</b>	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>17928 Freight Road Lane, Keno, OR</b>			

RESERVED FOR REGISTRAR'S USE

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ORIGINAL VITAL STATISTICS COPY

JUL 28 1995

DATE ISSUED:

Janet Bailey-Huber  
JANET BAILEY GOBER  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert Monastero the 7th day  
of August A.D., 19 95 at 11:37 o'clock P M., and duly recorded in Vol. M95  
of Deeds on Page 20759  
Bernetha G. Letsch, County Clerk

FEE

\$10.00

Return: Robert Monastero P.O. Box 556

By Annette Mueller  
Keno, OR 97627