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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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

200016 I.D. TAG NO.
447 Local File Number

95-019341 State File Number

1. DECEDENT'S NAME First: Mildred Middle: Eleanor Last: SANTORO
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 12, 1995
4. SOCIAL SECURITY NUMBER: 157-20-8937
5a. AGE-Last Birthday (Years): 65
6. BIRTHPLACE (City and State or Foreign Country): Union City, NJ
7. DATE OF BIRTH (Month, Day, Year): March 25, 1930
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐Yes ☒No
9a. PLACE OF DEATH: Decedent's Home
9b. FACILITY NAME (If not institution, give street and number): 4220 Summers Lane
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION: Housewife
10b. KIND OF BUSINESS/INDUSTRY: Homemaking
11. MARITAL STATUS: Married
12. SPOUSE (If Married, Widowed): Ralph
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4220 Summers Lane
13e. INSIDE CITY LIMITS? ☐Yes ☒No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN?
15. RACE: White
16. DECEDENT'S EDUCATION: 12
17. FATHER - NAME: Albert - Koltzan
18. MOTHER - NAME: Amelia - Kopp
19. INFORMANT - NAME and relationship to decedent: Ralph Santoro, husband
20a. METHOD OF DISPOSITION: ☐Burial ☒Cremation ☐Removal from State ☐Donation ☐Other (Specify) ☐Mausoleum
20b. PLACE OF DISPOSITION: Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, OR 97601
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE: William F. Davenport
21b. LICENSE NUMBER (Of Licensee): CD-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South 6th St. Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): SEP 15 1995
24. REGISTRAR: [signature]
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐YES ☐NO ☒N/A
26. WAS GIFT MADE? ☐Yes ☐No ☒N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 23:50 P M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒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]
30. DATE SIGNED (Month, Day, Year): September 14, 1995

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD (Month, Day, Year)
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): Joanna B. Jodko, MD, 2600 Campus Drive, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Cerebrovascular accident vs cardiac dysrhythmia — Interval between onset and death: Immediate
(b) DUE TO, OR AS A CONSEQUENCE OF: Severe generalized atherosclerosis — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: Severe Hypertension & Diabetes mellitus — Interval between onset and death: 15 years

PART II OTHER SIGNIFICANT CONDITIONS: Hyperlipidemia, Obesity.

37. DID TOBACCO USE CONTRIBUTE TO THE DEATH? ☒Yes ☐Probably ☐No ☐Unknown
38. AUTOPSY: ☐Yes ☒No
39. IF YES were findings considered in determining cause of death? ☐Yes ☐No ☒N/A
40. MANNER OF DEATH: ☒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

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

DATE ISSUED: APR 16 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

APR 19 P 2:41

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Ralph Santoro the 19th day of April A.D., 19 96 at 2:41 o'clock P M., and duly recorded in Vol. M96 of Deeds on Page 10949.

Bernetha G. Letsch, County Clerk
By [signature]

FEE $10.00