CERTIFICATION OF VITAL RECORD

17236

Vol M96 Page 12198

TYPE OR PRINT IN PERMANENT BLACK INK

167951 I.D. TAG NO.

546 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: Luigia; Middle: —; Last: BAILO
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): November 12, 1995
4. SOCIAL SECURITY NUMBER: 557-06-6249
5a. AGE-Last Birthday (Years): 85
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Alieno-Di Piavo, IT
7. DATE OF BIRTH (Month, Day, Year): June 18, 1910
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐Yes ☒No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐Inpatient ☒ER/Outpatient ☐DOA; OTHER ☐Nursing Home ☐Decedent's Home ☐Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Eugenio Bailo
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2116 Radcliffe Street
13e. INSIDE CITY LIMITS? ☒Yes ☐No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒No ☐Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): Italian
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Angelo - Nani
18. MOTHER - NAME first middle maiden: Maria Tarnaelo
19. INFORMANT - NAME and relationship to deceased: Lino Bailo Son

DISPOSITION

20a. METHOD OF DISPOSITION: ☐Mausoleum ☒Burial ☐Cremation ☐Removal from State ☐Donation ☐Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James D Rapp
21b. LICENSE NUMBER (Of Licensee): CO-3572
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): NOV 16 1995
24. REGISTRAR'S SIGNATURE: Lindsey Simonsen
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐YES ☒NO ☐N/A
26. WAS GIFT MADE? ☐YES ☒NO ☐N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 8:49 A M
31b. DATE PRONOUNCED DEAD (Month, Day, Year): November 12, 1995
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) M.D.
33. DATE SIGNED (Month, Day, Year): November 13, 1995
COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert N. Edwards 1509 South Sixth Street Klamath Falls, Oregon 97603
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Aldan Glidden M.D. 2680 Uhrmann Road Klamath Falls, Oregon 97601

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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) Unknown Natural Cause — Interval between onset and death: Seconds
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (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.
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

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: NOV 16 1995

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

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Giacomini & Knieps the 1st day of May A.D., 19 96 at 10:00 o'clock AM., and duly recorded in Vol. M96 of Deeds on Page 12198.

FEE $10.00

Return: Giacomini & Knieps
706 Main Street
Klamath Falls, Oregon 97601

Bernetha G. Letsch, County Clerk
By