39311

Vol. M97 Page 18428

CERTIFICATION OF VITAL RECORD

NTC-HHH-MS

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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

224900 I.D. TAG NO.
489 Local File Number
136- 96-022912 State File Number

1. DECEDENT'S NAME: First Gene; Middle Walton; Last GERVASI	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): October 19, 1996	
4. SOCIAL SECURITY NUMBER: 504-16-7680	5a. AGE-Last Birthday (Years): 70	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Belle Fourche, SD.	7. DATE OF BIRTH (Month, Day, Year): January 2, 1926		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No	9a. PLACE OF DEATH (Check only one): HOSPITAL [ ] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [X] Nursing Home [ ] Decedent's Home [ ] Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number): Plum Ridge Care 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): Maintenance Contractor	10b. KIND OF BUSINESS/INDUSTRY: Construction	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Betty Gervasi
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Bonanza	13d. STREET AND NUMBER: 6640 Teal Drive
13e. INSIDE CITY LIMITS? [ ] Yes [X] No	13f. ZIP CODE: 97623	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):			
17. FATHER - NAME first middle last: Geno - Gervasi	18. MOTHER - NAME first middle maiden: Elsie - Hoffman	19. INFORMANT - NAME and relationship to deceased: Betty Gervasi - Spouse	
20a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory	20c. LOCATION - City or Town, State: Klamath Falls, OR.	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Dale Ahola	21b. LICENSE NUMBER (Of Licensee): 3588	22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home 4711 Highway 39 Klamath Falls, Oregon 97603	
23. DATE FILED (Month, Day, Year): OCT 22 1996		24. REGISTRAR'S SIGNATURE: Louise Simpson	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A		26. WAS GIFT MADE? [ ] YES [ ] NO [X] N/A	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2:55 p.m.	28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] No
29. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature): Lowell D. Smith M.D.	
30. DATE SIGNED (Month, Day, Year): Oct 21, 1996	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Lowell D. Smith M.D. 2610 Uhrmann Road Klamath Falls, Oregon 97601	
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: H	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): H
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. 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)	Cancer of Lung	Interval between onset and death: 3 mo
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? [X] 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 [ ] Other [ ] Pending Investigation [ ] Undetermined Manner [ ] Legal Intervention	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY H	41c. INJURY AT WORK? [ ] Yes [X] 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

'97 JUN 16 A11:16

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: JUN 09 1997

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Ameritite the 16th day of June A.D., 19 97 at 11:16 o'clock A. M., and duly recorded in Vol. M97, of Deeds on Page 18428.

FEE $10.00

Return: Betty J. Gervasi
1819 Dawn Ct.
KFO 97603

Bernetha G. Letsch, County Clerk
By Kathleen Rice