60161
Return to: J. Anthony Graconini, P.C. Vol. M98 Page 21074
706 Main St.
Klamath Falls, OR. 97601 Aspen Title #01047641

New Jersey State Department of Health
CERTIFICATE OF DEATH

STATE USE ONLY

1. NAME OF DECEASED (First) (Middle) (Last): FRANK J. CARNEVALE JR.
2. DATE OF DEATH: 10/11/1989
3. SEX: M.
4. DATE OF BIRTH: 6/19/1923
5a. AGE - Last Birthday (yrs.): 66
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Minutes)
6. SOCIAL SEC. NO: 143-12-0832
7a. PLACE OF DEATH: HOSPITAL: ☐ INPATIENT ☒ ER/OUTPATIENT ☐ DOA; OTHER: ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (Specify)
7b. FACILITY NAME (If not institution, give street and no.): WAYNE GENERAL HOSPITAL
7c. CITY/TOWN OR LOCATION: WAYNE
7d. COUNTY: PASSAIC
8a. RESIDENCE - (State): N.J.
8b. COUNTY: PASSAIC
8c. CITY OR TOWN: PATERSON
8d. STREET AND NUMBER: 178 RYERSON AVE.
8e. INSIDE CITY LIMITS? ☒ YES ☐ NO
8f. ZIP CODE: 07502
9. BIRTHPLACE (City & State, or Foreign Country): PATERSON, N.J.
10a. DECEDENT EVER IN U.S. ARMED FORCES? ☒ YES ☐ NO
10b. IF YES, WHAT DATES (From/To): 3/31/42 // 10/19/45
11. MARITAL STATUS: ☐ NEVER MARRIED ☐ WIDOWED ☒ MARRIED ☐ DIVORCED
12. SURVIVING SPOUSE (If Wife, Maiden Name): FRANCES WHITE
13. USUAL OCCUPATION (K. ind of work done most of life, even if retired): MAINTENANCE MANAGER
14. KIND OF BUSINESS OR INDUSTRY: U.S. POSTAL SERVICE
15. NAME AND ADDRESS OF LAST EMPLOYER: N.J. INTERNATIONAL & BULK MAIL CENTER, JERSEY CITY, NEW JERSEY
16. RACE: ☒ 1 WHITE ☐ 2 BLACK ☐ 3 AMER. INDIAN ☐ 4 OTHER (Specify):
17. OF HISPANIC ORIGIN? IF YES, SPECIFY: ☐ YES ☒ NO ☐ 1 MEXICAN ☐ 2 PUERTO RICAN ☐ 3 CUBAN ☐ 4 CENT./SO. AMERICA ☒ 5 OTHER (Specify): ITALIAN
18. DECEDENT'S EDUCATION Highest Grade Completed: 16
19. NAME OF FATHER (First) (Middle) (Last): FRANK CARNEVALE SR.
20. MAIDEN NAME OF MOTHER (First) (Middle) (Last): ANNA COLUCCI
21a. NAME OF INFORMANT: MRS. FRANCES CARNEVALE
21b. RELATIONSHIP: WIFE
22a. DISPOSITION: ☒ BURIAL ☐ CREMATION ☐ ENTOMBMENT ☐ OTHER (Specify):
22b. NAME OF CEMETERY OR CREMATORY: HOLY SEPULCHRE CEMETERY
22c. CITY OR TOWN: TOTOWA
22d. STATE: N.J.
23a. NAME AND ADDRESS OF FUNERAL HOME: FESTA MEMORIAL FUNERAL HOME, 111 UNION BLVD., TOTOWA, N.J. 07512
23b. SIGNATURE OF FUNERAL DIRECTOR: [signature]
23c. N.J. LICENSE NO: 2502
24a. SIGNATURE OF LOCAL REGISTRAR: [signature]
24b. DATE RECEIVED: 10-12-89
25a. TIME OF DEATH: 2:10 PM
25b. DATE AND HOUR PRONOUNCED DEAD: DATE: 10/11/89 HOUR: 2:10 PM
Complete items 25c-d only when certifying physician is not available at time of death to certify cause of death.
25e. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED. SIGNATURE OF PRONOUNCER (If different than certifier): [signature]
25d. DATE SIGNED: 10/11/89

26. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
IMMEDIATE CAUSE (Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.)
a. MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO OR AS A CONSEQUENCE OF:
b. PRIMARY HYPERTENSION
DUE TO OR AS A CONSEQUENCE OF:
c. DIABETES MELLITUS
DUE TO OR AS A CONSEQUENCE OF:
d.
PART II. Other significant conditions - contributing to death but not related to underlying cause in PART I.

27. IF FEMALE, WAS THE PREGNANT AT DEATH, OR ANY TIME 90 DAYS PRIOR TO DEATH? ☐ YES ☐ NO
28. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
29. DEATH DUE TO: ☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
30a. DATE OF INJURY
30b. TIME OF INJURY: M
30c. INJURY AT WORK? ☐ YES ☐ NO
30d. DESCRIBE HOW INJURY OCCURRED
30e. PLACE ☐ STREET ☐ HOME ☐ OFFICE BUILDING ☐ FARM ☐ FACTORY ☐ OTHER (Specify):
30f. LOCATION OF INJURY (Number and Street)
30g. CITY AND COUNTY
30h. STATE
31a. NAME AND ADDRESS OF CERTIFIER: MARTIN J NEILAN, M.D. 428 HAREDON AVE, HAREDON, NJ
☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER ☐ PRONOUNCER AND CERTIFIER
31b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES AND AT THE TIME, DATE AND PLACE STATED. SIGNATURE OF CERTIFIER: [signature]
31c. DATE SIGNED: 10/11/89

STATE USE ONLY
REGISTERED
CALEB
PLACE OF ACC.
OTHER CAUSE

TIME OF DEATH
DATE OF DEATH
NAME OF DECEDENT AS SHOWN BY ATTENDING PHYSICIAN
JUN 18 P3:14
98

INSTRUCTIONS

STATE OF OREGON; COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 18th day of June A.D., 19 98 at 3:14 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 21074.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Ross