CERTIFICATION OF VITAL RECORD

99 APR 15 A9:08

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PRINT IN PERMANENT BLACK INK

265138 TAG NO

189
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, Middle, Last): Helen Louise GIOVANNINI
2. SEX: Female
3. DATE OF DEATH (Month Day Year): April 4,1999
4. SOCIAL SECURITY NUMBER: 540-44-3175 A
5a. AGE-Last Birthday (Years): 84
5b. Under 1 Year (Mos, Days):
5c. Under 1 Day (Hours, Mins):
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls OR
7. DATE OF BIRTH (Month Day Year): February 2, 1915
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) Foster Care
9b. FACILITY NAME (If not institution, give street and number): Comfort Care-1735 Kane St.
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: Homemaker
11. MARITAL STATUS Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Albino Giovannini
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5162 Walton Dr.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
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): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4, 5+):

PARENTS

17. FATHER - NAME (first, middle, last): Robert Hefner
18. MOTHER - NAME (first, middle, maiden): Addie Matilda Prather
19. INFORMANT - NAME and relationship to deceased: Albino Giovannini-Husband

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): Eternal Hills Crematory
20c. LOCATION (City or Town, State): Klamath Falls, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. OREGON LICENSE NO (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Memorial Gardens 4711 Hwy 39 Klamath Falls, Or 97603

REGISTRAR

23. DATE FILED (Month, Day, Year): APR 07 1999
24. REGISTRAR'S SIGNATURE: Evelyn Simpson

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0540 AM
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):
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month Day Year Hour): M
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)
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Blake Berven M.D. 2616 Clover St. Klamath Falls Or, 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE ...

36. PART I
(a) Acute Myocardial Infarction — Interval between onset and death: 5 min
DUE TO, OR AS A CONSEQUENCE OF
(b) ASHD — Interval between onset and death: 11 yrs
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. WERE findings considered in determining cause of death ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ 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

STATE OF OREGON

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED: APR 12 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

COUNTY DEPARTMENT OREGON

STATE OF OREGON : COUNTY OF KLAMATH. ss.

Filed for record at request of ________ the 15th day of APRIL A.D. 99 at 9:08 o'clock A M., and duly recorded in Vol M99 of DEEDS on Page 13655

Linda Smith, County Clerk

FEE 10.00

by [signature]

Return to:
Beverly Howell
1809 McClellan Dr.
Klamath Falls OR 97603