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I.D. TAG NO.

292

Local File Number

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

136-

State File Number

1. DECEDENT'S NAME Edith Elizabeth PINELLI			2. SEX Female		3. DATE OF DEATH (Month, Day, Year) May 28, 1999	
4. SOCIAL SECURITY NUMBER 544-24-1388		5a. AGE Last Birthday (Years) 80		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Klamath Falls, OR
7. DATE OF BIRTH (Month, Day, Year) December 8, 1918		8. PLACE OF DEATH (Check only one) ☐ HOME ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)				
9a. FACILITY NAME (If not institution, give street and number) Marie West Medical Center			9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls			9c. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Food Server		10b. KIND OF BUSINESS/INDUSTRY Food Service		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Sandrino Pinelli
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 533 Lytton 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 Italian		15. RACE (American Indian, Black, White, etc.) (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) ☐ College (14 or 5+) 8		17. FATHER - NAME first middle last John B. Nani				
18. MOTHER - NAME first middle maiden Maria Del Canton		19. INFORMANT - NAME and relationship to decedent Sandrino Pinelli - Spouse				
20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Other (Specify) Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery		20c. LOCATION - City or Town, State Klamath Falls, Oregon		
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR REGISTRAR <i>[Signature]</i>		21b. OREGON LICENSE NO. (Or License) PS-0432		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair & Riggs Funeral Chapel 515 Pine St. Klamath Falls, OR 97601		
23. DATE FILED (Month, Day, Year) JUN 01 1999		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH 2:58 P.M.		28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No		31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
29. To the best of my knowledge, any occurred at the time, date, place and cause stated above.				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) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) May 31, 1999				33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Mark F. Bradbury, M.D. 2301 Clairmont St. Klamath Falls, OR 97601				35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			

CONDITIONS
IF ANY
WHICH
CAUSE
RUE TO
IMMEDIATE
CAUSE
STATES IN

36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown		38. AUTOPSY ☐ Yes ☒ No		39. YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A	
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M ☐ Yes ☐ No		41c. INJURY AT WORK? ☐ Yes ☒ No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED					
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41g. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

RESERVED FOR REGISTRAR'S USE

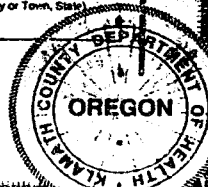
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DATE ISSUED:

JUN 01 1999

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

Return to: Donald R. Crane
303 Rene Street
H. Joels Or 97601

23224

State of Oregon, County of Klamath
Recorded 6/11/99, at 3:23 p m.
In Vol. M99 Page 23223

Linda Smith,
County Clerk

Fee \$ 15 - KR

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