99 Jun 11 P3:23

Vol M99 Page 23223

TYPE OR PRINT IN PERMANENT BLACK INK

234748
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 First | Middle | Last | 2. SEX | 3. DATE OF DEATH (Month, Day, Year) |
|---|---|---|---|---|
| Edith | Elizabeth | PINELLI | Female | May 28, 1999 |

| 4. SOCIAL SECURITY NUMBER | 5a. AGE-Last Birthday (Years) | 5b. Under 1 Year: Mos. / Days | 5c. Under 1 Day: Hours / Mins. | 6. BIRTHPLACE (City and State or Foreign Country) | 7. DATE OF BIRTH (Month, Day, Year) |
|---|---|---|---|---|---|
| 544-24-1388 | 80 | | | Klamath Falls, OR | December 8, 1918 |

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

8a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA | OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

| 8b. FACILITY NAME (If not institution, give street and number) | 8c. CITY, TOWN, OR LOCATION OF DEATH | 8d. COUNTY OF DEATH |
|---|---|---|
| Merle West Medical Center | Klamath Falls | Klamath |

| 9a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) | 9b. KIND OF BUSINESS/INDUSTRY | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) | 12. SPOUSE (If Married, Widowed) |
|---|---|---|---|
| Food Server | Food Service | Married | Sandrino Pinelli |

| 13a. RESIDENCE - STATE | 13b. COUNTY | 13c. CITY, TOWN OR LOCATION | 13d. STREET AND NUMBER |
|---|---|---|---|
| Oregon | Klamath | Klamath Falls | 533 Lytton Street |

| 13e. INSIDE CITY LIMITS? | 13f. ZIP CODE | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 15. RACE - American Indian, Black, White, etc. (Specify) | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|
| | | | | Elementary/Secondary (0-12) | College (1-4 or 5+) |
| ☒ Yes ☐ No | 97601 | ☐ No ☒ Yes Specify: Italian | White | 8 | |

| 17. FATHER - NAME first middle last | 18. MOTHER - NAME first middle maiden | 19. INFORMANT - NAME and relationship to deceased |
|---|---|---|
| John B. Nani | Maria Del Canton | Sandrino Pinelli - Spouse |

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

| 21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR REPRESENTATIVE ACTING AS SUCH | 21b. OREGON LICENSE NO. (Of Licensee) | 22. NAME, ADDRESS AND ZIP OF FACILITY |
|---|---|---|
| [signature] | FS-0432 | O'Hair & Riggs Funeral Chapel 515 Pine St. Klamath Falls, OR 97601 |

| 23. DATE FILED (Month, Day, Year) | 24. REGISTRAR'S SIGNATURE |
|---|---|
| JUN 01 1999 | [signature] |

RESERVED FOR REGISTRAR'S USE

## TO BE COMPLETED BY CERTIFYING PHYSICIAN

| 27. TIME OF DEATH | 28. WAS MEDICAL EXAMINER NOTIFIED? | 31a. TIME OF DEATH | 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) |
|---|---|---|---|
| 2:56 PM | ☐ Yes ☒ No | M | M |

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] M.D.

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)

| 30. DATE SIGNED (Month, Day, Year) | 33. DATE SIGNED (Month, Day, Year) | COUNTY |
|---|---|---|
| May 31, 1999 | | |

| 34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| PART I | | Interval between onset and death |
|---|---|---|
| (a) | Multiorgan System failure | 24 hrs |
| DUE TO, OR AS A CONSEQUENCE OF: | | |
| (b) | Sepsis | 10 days |
| DUE TO, OR AS A CONSEQUENCE OF: | | |
| (c) | Anastomotic leak from surgery | 3 wks |

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? | 36. AUTOPSY | 38. If YES were findings considered in determining cause of death? |
|---|---|---|
| ☐ Yes ☐ Probably ☒ No ☐ Unknown | ☐ Yes ☒ No | ☐ Yes ☐ No ☐ N/A |

| 40. MANNER OF DEATH | 41a. DATE OF INJURY (Month, Day, Year) | 41b. TIME OF INJURY | 41c. INJURY AT WORK? | 41d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention | | M | ☐ Yes ☐ No | |

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.

DATE ISSUED: JUN 01 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Return to: Donald R. Crane
303 Rose Street
K. Falls 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



029979