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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 318		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last ROSE HTTA ONGMAN	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (if Institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, OR LOCATION Klamath Falls		C. CITY, TOWN OR LOCATION Klamath Falls	
C. LENGTH OF STAY IN 2B 38 years		D. STREET ADDRESS, RURAL ROUTE, ETC. 2245 Radcliffe	
D. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Presbyterian Intercommunity Hospital		7. MARITAL STATUS Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
4. DATE OF DEATH Month Day Year July 24 1967		5. SEX Female	
6. COLOR OR RACE White		11. NAME OF SPOUSE John Victor Ongman	
8. SOCIAL SECURITY NO. 543-10-0561-A		9. USUAL OCCUPATION (Kind of work done during most of life) Housewife	
10. KIND OF BUSINESS OR INDUSTRY At home		12. DATE OF BIRTH Month Day Year November 18 1892	
13. AGE LAST BIRTHDAY 74		14. BIRTHPLACE (State or Foreign Country) Annandale, Minnesota	
15. WAS DECEASED A CITIZEN OF U. S. <input checked="" type="checkbox"/> Foreign Country		16. IF DECEASED WAS A VETERAN, WHAT WAR? No	
17. NAME OF FATHER Jesse Moats		18. MAIDEN NAME OF MOTHER Lilly McAllister	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Clifton Ongman (Son)		20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Anoxia 6 hrs	
Conditions, if any, which gave rise to above cause (B), stating the underlying cause last DUE TO (B): Cardiac decompensation 12 hrs		DUE TO (C): Cachexia 1 month	
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Carcinomatosis		21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	
24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
26. TIME OF INJURY Hour Month Day Year a. m. p. m.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I attended the deceased from or on January 1965 to July 24, 1967, and that the death occurred at 4:15 p. m. from the causes and on the date stated above. R. H. Ottman, M.D. Klamath Falls, Oregon 7/25/67 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 7/27/67	
30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park		30D. LOCATION (City or Town) State Klamath Falls, Oregon	
31. DATE RECEIVED BY 7-25-67		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Ward Klamath Falls, Oregon			

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy
Date July 27, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of John Victor Ongman
this 22 day of August A. M. 1967 1:35 P.
duly recorded in Vol. M-67 Deeds 6548
Fee \$1.50
By Dorothy Rogers, County Clerk