STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'76 JUL 6 PM 3 30

15941 212
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Clinton Middle: "Buck" Last: Kintgen
2. DATE OF DEATH (month, day, year): June 12,1976
3. DATE OF BIRTH (month, day, year): May 4,1912
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 64
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Presbyter. Intercom. Hosp.
8. STATE OF BIRTH (if not in U.S.A., name country): California
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Genevieve Kintgen
12. SOCIAL SECURITY NUMBER: 556-07-1090
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Welder
13b. KIND OF BUSINESS OR INDUSTRY: Iorn Construction
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: 407 Donald St.
15. FATHER—NAME first middle last: Clinton H. Kintgen
16. MOTHER—Maiden Name first middle last: Grace Williams
17. INFORMANT—NAME and relationship to deceased: Genevieve Kintgen--Wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. immediate cause (a) Respiratory and Cardiac Arrest — 10 min
due to, or as a consequence of: (b) Cerebrovascular Hemorrhage — 2 hours
due to, or as a consequence of: (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Hypertension

19a. AUTOPSY (yes or no): no
19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: June 12, 1976 (month day year) to June 12, 1976 (month day year) And Last Saw Him/Her Alive on: June 12, 1976 (month day year) I Did/Did Not view the body after death (specify): DID DEATH OCCURRED (hour): 5:42 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Glenn H Gailis MD
22b. NAME (type or print) degree or Title: Glenn G. Gailis, M.D.
22c. DATE SIGNED (month, day, year): June 15, 1976
23. MAILING ADDRESS—PHYSICIAN street: 1905 Main Street, city or town: Klamath Falls, state: Oregon zip: 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town state: Klamath Falls, Oregon
24d. DATE (mo., day, year): June 14, 1976
25a. FUNERAL DIRECTOR—SIGNATURE: Floyd E. Lancaster
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel 515 Pine Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Coleman
26b. DATE RECEIVED BY LOCAL REGISTRAR: June 15, 1976
27. DATE RECEIVED BY STATE REGISTRAR: Rel: Genevieve Kintgen 407 Donald City
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

10211

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics
By Marian Coleman, Deputy Registrar
Date JUN 15 1976 19
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 6th day of July A.D., 1976 at 3:30 o'clock P.M., and duly recorded in Vol M 76, of DEEDS on Page 10211.

WM. D. MILNE, County Clerk
By Floyd Lancaster Deputy

FEE $ 3.00