18191

Local File Number: 291

STATE OF OREGON — HEALTH DVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M76 Page 13352
State File Number

DECEASED

Field	Entry
1. Deceased—Name (First, Middle, Last)	OTTO HERMAN KOMMER
2. Date of Death (month, day, year)	August 22, 1976
3. Race White, Negro, American Indian, etc. (specify)	White
4. Sex	Male
5a. Age—Last birthday (years)	83
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	April 27, 1893
7a. 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)	Washburn Manor
8. State of Birth (If not in U.S.A., name country)	Wisconsin
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Name of Spouse	Ellen Kommer
12. Social Security Number	701 - 05 - 1960
13a. Usual Occupation (give kind of work done during most of working life, even if retired)	Custodian - Retired
13b. Kind of Business or Industry	School District
14a. Residence—State	Wisconsin
14b. County	Chippewa
14c. City, Town, or Location	Chippewa Falls
14d. Inside City Limits (specify yes or no)	Yes
14e. Street and Number or R.F.D.	111 West Vine St.
15. Father—Name (first, middle, last)	Wilhelm Kommer
16. Mother—Maiden Name (first, middle, last)	Dorothea Tittle
17. Informant—Name and relationship to deceased	Darrell Kommer - Son

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

Field	Entry	Approximate interval between onset and death
Part I. 18. Death was caused by: (Enter only one cause per line for (a), (b), and (c)) — immediate cause (a)	METASTATIC CARCINOMA PROSTATE	12 month
due to, or as a consequence of: (b)		
due to, or as a consequence of: (c)		

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

Field	Entry
Part II. Other significant conditions: conditions contributing to death but not related to cause given in Part I (a)	
19a. Autopsy (yes or no)	No
19b. If yes were findings considered in determining cause of death	
20a. Accident (specify yes or no)	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)	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

Field	Entry
21. Certification—Physician: I attended the deceased from (month, day, year)	8-2-76 to 8-20-76
And Last Saw Him/Her Alive on (month, day, year)	8-20-76
I Did/Did Not view the body after death (specify)	
Death Occurred (hour) at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.	8:50 A.M.
22a. Physician—Signature	[signature]
22b. Name (type or print), degree or title	Everett E. Howard M.D.
22c. Date Signed (month, day, year)	8/23/76
23. Mailing Address—Physician (street, city or town, state, zip)	2622 Campus Drive - Klamath Falls, Oregon 97601

BURIAL

Field	Entry
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)	Aug. 25, '76
25a. Funeral Director—Signature	[signature]
25b. Funeral Home—Name and Address (street, city or town, state, zip)	WARD'S - 1945 Main - Klamath Falls, Oregon 97601
26a. Registrar—Signature	Marian Ackerman
26b. Date Received by Local Registrar	AUG 24 1976
27. Date Received by State Registrar	
28. Reserved for Registrar's Use	Return to:

'76 AUG 26 PM 1 49

O. W. GOAKEY
ATTORNEY AT LAW
431 Main Street
Klamath Falls, Oregon 97601

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

(SEAL)

By Marian Ackerman Deputy Registrar

Date AUG 25 1976 19

VOID IF ALTERED

Return O. W. Goakey

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of August A.D., 19 76 at 1:49 o'clock P M., and duly recorded in Vol M76 of Deeds on Page 13352.

WM. D. MILNE, County Clerk

FEE $3.00

By [signature] Deputy