e of Oregon
GON STATE HEALTH DIVISION
artment of Human Resources
31000

CERTIFICATE OF DEATH

Vol. M83 Page 20339

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Local File Number: 409

State File Number:

DECEDENT — IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

1 DECEDENT—NAME: First WARREN; Middle JOSEPH; Last SCHLUCHTER				2 DATE OF DEATH (month, day, year): November 14, 1983
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Male	5a AGE—Last birthday (years): 62	5b Under 1 year: mos / days	5c Under 1 day: hours / min
				6 DATE OF BIRTH (month, day, year): September 19, 1921
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient		7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Michigan	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Marian R. Schluchter	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes
13 SOCIAL SECURITY NUMBER: 376-14-9423	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Self: Concrete Sales		14b KIND OF BUSINESS OR INDUSTRY: Concrete Construction	
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 2604 Autumn St. 97603	15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Joseph W. Schluchter	17 MOTHER—Maiden Name first middle last: Esther Braun		18 INFORMANT—NAME and relationship to deceased: Marian R. Schluchter, Wife	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Klamath Cremation Service		19c LOCATION city or town state: Klamath Falls, Oregon	
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike Ohair	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O			

CERTIFIER — To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature]: John D. Merryman, M.D. | 21b DATE SIGNED [Mo., Day, Yr.]: Nov. 15, 1983 | 21c HOUR OF DEATH: 10:40 A. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d John D. Merryman, M.D. 303 Pine St., Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]: 21e

DISPOSITION

1. _____
2. _____
3. _____

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: NOV 15 1983	22b REGISTRAR [Signature]: Barbara E Arnett	
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] PART I (a): Cardiac Arrest.		Interval between onset and death: 5 min
DUE TO, OR AS A CONSEQUENCE OF (b): Ventricular Heart Failure.		Interval between onset and death: 4 yrs.
DUE TO, OR AS A CONSEQUENCE OF (c): Arteriosclerotic Heart Disease		Interval between onset and death: 5 yrs.
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	24 AUTOPSY [Specify Yes or No]: No	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED
		M	

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]	26g LOCATION: STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

21-2 (11/81)

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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Barbara E Arnett Deputy Registrar

Date

VOID IF ALTERED NOV 15 1983

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 25th day of November A.D., 1983 at 3:05 o'clock P M, and duly recorded in Vol M83, of Deeds on page 20339.

EVELYN BIEHN, COUNTY CLERK

Fee $4.00

by Pam Smith deputy