

CERTIFICATE OF DEATH

287

Local File Number

State File Number

DECEASED—NAME First Middle Last
1 **RICHARD LeROY STEEGE**

DATE OF DEATH (month, day, year)
2 **July 14, 1984**

RACE (specify)
3 **White**

SEX
4 **Male**

AGE—Last birthday (years)
5a **43**

Under 1 year
5b mos days
Under 1 day
5c hours min

DATE OF BIRTH (month, day, year)
6 **September 17, 1940**

CITY, TOWN OR LOCATION OF DEATH
7a **Klamath Falls**

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
7b **West Medical Center**

IF HOSP OR INST. Indicate DOA
OP: Emer., Am., Inpatient (Specify)
7c **Inpatient**

COUNTY OF DEATH
7d **Klamath**

STATE OF BIRTH (If not in U.S., name country)
8 **Wisconsin**

CITIZEN OF WHAT COUNTRY
9 **U.S.A.**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
10 **Married**

SPOUSE (IF MARRIED, WIDOWED)
11 **Mary Johnson**

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
12 **No**

SOCIAL SECURITY NUMBER
13 **540-44-3614**

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
14a **Farm Laborer**

KIND OF BUSINESS OR INDUSTRY
14b **Agriculture**

RESIDENCE—STATE
15a **Oregon**

COUNTY
15b **Klamath**

CITY, TOWN, OR LOCATION
15c **Merrill**

STREET AND NUMBER OR R.F.D., ZIP
15d **P.O. Box 284 97633**

Inside City Limits (specify yes or no)
15e **Yes**

FATHER—NAME first middle last
16 **Fredrick Steege**

MOTHER—first middle last (Maiden Name)
17 **Olive Powell**

INFORMANT—NAME and relationship to deceased
18 **Mary J. Steege, wife**

BURIAL, CREMATION, REMOVAL, MAUS. (specify)
19a **Burial**

CEMETERY OR CREMATORY—NAME
19b **Merrill I.O.O.F. Cemetery**

LOCATION city or town state
19c **Merrill, Oregon 97633**

FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
20a **William L. Thompson**

NAME AND ADDRESS OF FACILITY
20b **Davenport's Chapel of the Good Shepherd, 6120 South Sixth Street, Klamath Falls, Oregon 97603-7194**

To be Completed by CERTIFYING PHYSICIAN Only
21a (Signature) **[Signature]**

DATE SIGNED (Mo., Day, Yr)
21b **7/16/84**

HOUR OF DEATH
21c **8:20 P.M.**

NAME AND ADDRESS OF CERTIFIER (Type or Print)
21d **David C. Seeley, MD, Medical Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr)
22a **JUL 17 1984**

REGISTRAR
22b (Signature) **[Signature]**

23 IMMEDIATE CAUSE
PART I (a) **Respiratory failure 2° of anti-thrombin deficiency**

Interval between onset and death
congenital

DUE TO, OR AS A CONSEQUENCE OF:
(b)
Interval between onset and death
(c)
Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
24 **No**

AUTOPSY (Specify Yes or No)
25 **No**

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
26 **No**

ACCIDENT (Specify Yes or No)
26a **No**

DATE OF INJURY (Mo., Day, Yr)
26b

HOUR OF INJURY
26c

DESCRIBE HOW INJURY OCCURRED
26d

INJURY AT WORK (Specify Yes or No)
26e **No**

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26f

LOCATION
26g

STREET OR R.F.D. NO CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 **[Signature]**, Deputy RegistrarDate **JUL 17 1984**

VOID IF ALTERED

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 25 day of July A.D., 1984 at 2:44 o'clock P M, and duly recorded in Vol M84 of Deeds on page 12604.

EVELYN BLEHN, COUNTY CLERK

by: **[Signature]**, DeputyFee: \$ 4.00 Index: \$1.00

Return: Mary Steege Box 284 Merrill, Oregon 97633