

68598

Vol. M80 Page

STATE OF OREGON OREGON STATE HEALTH DIVISION DEPARTMENT OF HUMAN SERVICES Vital Records Unit CERTIFICATE OF DEATH	
Local File Number 18935 ID TAG NO 243	
State File Number	
DECEASED - NAME First Middle Last ARNOLD LESTER KRUEGER	
DATE OF DEATH (month, day, year) June 23, 1986	
RACE White, Black, American Indian, etc. (specify) White SEX Male AGE - Last birthday (years) 75	
CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION - NAME Merle West Medical Center	
STATE OF BIRTH (If not in U.S.A., name country) Wisconsin CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
SPOUSE (IF MARRIED, WIDOWED) Nina	
SOCIAL SECURITY NUMBER 394 - 03 - 9910 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician - Retired	
KIND OF BUSINESS OR INDUSTRY Timber Company	
RESIDENCE - STATE Oregon COUNTY Klamath CITY, TOWN OR LOCATION Klamath Falls STREET AND NUMBER OR R.F.D. 4366 Highland Way ZIP 97603	
FATHER - NAME first middle last Reinhold C. Krueger MOTHER - first middle last Augusta Winters	
INFORMANT - NAME and relationship to deceased Nina Krueger - Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens	
LOCATION city or town state Klamath Falls, Ore.	
FUNERAL SERVICE LICENSEE or person acting as such (Signature) NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Ore. - 97601	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated	
21a (Signature) NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Everett E. Howard, MD / 2622 Campus Dr. / Klamath Falls, Ore. / 97601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) June 24, 1986 REGISTRAR	
22a (Signature) 22b (Signature)	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)	
(a) DUE TO, OR AS A CONSEQUENCE OF: PNEUMONIA Interval between onset and death 10 DAYS	
(b) DUE TO, OR AS A CONSEQUENCE OF: CHRONIC ALCOHOLISM Interval between onset and death YEARS	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)	
CARDIAC DECOMPRESSION	
AUTOPSY (Specify Yes or No) No	
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) No DATE OF INJURY (Mo., Day, Year) HOUR OF INJURY M 26d	
26a No 26b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26c LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
26a No 26b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26c LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES NO N/A	
WAS GIFT MADE? YES NO N/A	
RESERVED FOR REGISTRAR'S USE	

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

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 Arthur E. Crumley, Deputy RegistrarDate June 24, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ day
of July A.D. 19 86 at 9:23 o'clock A.M., and duly recorded in Vol. M86
of Deeds on Page 12232

FEE \$5.00

Evelyn Biehn, County Clerk

Return: Francis Roberts

Public Works Dept.