Vital Statistics Unit

CERTIFICATE OF DEATH

State File Number

DECEDENT — NAME (First, Middle, Last): Harold Omart BRANDENBURG

DATE OF DEATH (month, day, year): October 11, 1986

1b RACE (White, Black, American Indian, etc.): White

2 SEX: Male

3 AGE — Last Birthday (years): 85

Under 1 year: mos. / days

Under 1 day: hours / min.

DATE OF BIRTH (month, day, year): October 4, 1901

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): Kansas

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

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

SPOUSE (IF MARRIED, WIDOWED): Inez M. Brandenburg

WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

11 SOCIAL SECURITY NUMBER: 700-14-0362

12a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Office Clerk

12b KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad

13a RESIDENCE — STATE: Oregon

13b COUNTY: Klamath

13c CITY, TOWN OR LOCATION: Klamath Falls

13d STREET AND NUMBER OR R.F.D.: 725 Martin Street

ZIP: 97601

13e Inside City Limits (specify yes or no): Yes

14 FATHER — NAME first middle last: William H. Brandenburg

15 MOTHER — first middle last (Maiden Name): Delta May Omart

16 INFORMANT — NAME and relationship to deceased: Elsie "Betty" Griggs, Daughter Foster

17a BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial

17b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park

17c LOCATION city or town state: Klamath Falls, Oregon

18a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Mabel Ohlen

18b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 97601

19a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

19b (Signature) Brian Koester M.D.

NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)

19c DATE SIGNED (Mo., Day, Year): 10-13-86

19d HOUR OF DEATH: 4:40 P. M

20a Brian Koester, M.D., 2850 Daggett Road, Klamath Falls, Oregon ZIP 97601

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

20b

21a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): October 14, 1986

21b REGISTRAR (Signature): Evelynn E. Counts

PART I 22 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

(a) Respiratory Failure — Interval between onset and death: 3 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(b) Chronic Lung Disease — Interval between onset and death: 20 years

DUE TO, OR AS A CONSEQUENCE OF:

(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).

23 ACCIDENT (Specify Yes or No):

24a DATE OF INJURY (Mo., Day, Year):

24b HOUR OF INJURY:

24c DESCRIBE HOW INJURY OCCURRED:

25 AUTOPSY (Specify Yes or No): No

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

27 INJURY AT WORK (Specify Yes or No):

28a PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify):

28b LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE:

29 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

VS-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 Evelynn E. Counts Deputy Regisrtar

Date October 21, 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 22nd day of October A.D., 19 86 at 4:12 o'clock P M., and duly recorded in Vol. M86 of Deeds on Page 19261.

FEE $5.00

Ret: Elsie B. Griggs 5015 S. E. 44th, Portland, Oregon 97206

Evelyn Biehn, County Clerk

By _____