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72276 B 2934 ID TAG NO. 71 Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol. M87 Page 3991

CERTIFICATE OF DEATH

ORS — 146

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First Karl; Middle H.; Last SCHOENEMANN

2 DATE OF DEATH (month, day, year): February 15, 1987

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 60

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): March 19, 1926

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 3519 Small Court

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): —

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Germany

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Jennean Patterson

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

13 SOCIAL SECURITY NUMBER: 329-20-4666

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist

14b KIND OF BUSINESS OR INDUSTRY: S.C.A.Q.M.D. (Air Quality, L.A.)

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 3519 Small Court ZIP 97603

15e Inside City Limits (specify yes or no): NO

16 FATHER — NAME first middle last: Willy Hilmar Schoenemann

MOTHER — first middle last (Maiden Name): Elsa Jean Ehling

18 INFORMANT — NAME and relationship to deceased: Jennean Schoenemann, wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Crematory

19c LOCATION city or town state: Klamath Falls, Oregon 9760

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21a DEATH OCCURRED (Hour): Approx 8:00 A M

21b THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year, Hour): February 15, 1987 12:15 PM

21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature): Robert N Edwards MD

21e NAME AND TITLE — (Type or Print): Robert N. Edwards, MD

21f MEDICAL EXAMINER For: Klamath County

21g DATE SIGNED (Month, Day, Year): February 16, 1987

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): February 18, 1987

22b REGISTRAR (Signature): Katherine E. Cranick

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I

(a) Coronary Atherosclerotic Vascular Disease — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) Myocardial Infarction — Interval between onset and death:

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)

AUTOPSY (Specify Yes or No) 24: Yes

CAUSE OF DEATH

25a DATE OF INJURY (Month, Day, Year)

25b HOUR

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)

25d INJ. AT WORK (Specify Yes or No)

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

25f LOCATION (Street or R.F.D. No., City or Town, County, 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

45-107 Rev. 1-86

ORIGINAL—VITAL STATISTICS COPY

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.

OREGON SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cranick, Deputy Registrar

Date February 18, 1987

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 _____ of March A.D., 19 87 at 11:46 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 3991. the 12th day

FEE $5.00

Return: Jennean Schoenemann 3519 Small Court Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk
By _____