

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

POSITION

CERTIFIER

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

CAUSE OF DEATH

4
5
6

329

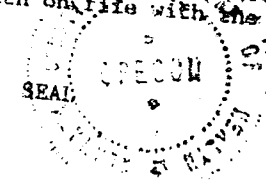
STATE OF OREGON
DEPARTMENT OF HEALTH SERVICES
Vital Records Unit
CERTIFICATE OF DEATH

DECEASED 1- NAME **LEE** First **LEE** Middle **ELLEN** Last **HOLLENBEAK** State File Number
2- SEX **Male** AGE - Last birthday (years) **30** Under 1 year Under 1 day
3- RACE **White** (Specify) **White** 5a Under 1 year 5b Under 1 day
4- CITY, TOWN OR LOCATION OF DEATH **Klamath Falls** 4a HOSPITAL OR OTHER INSTITUTION - NAME **Klamath Convalescent Center** 4b IF NOT IN 4a, give street and number
5- STATE OF BIRTH (if not in U.S.A., name country) **Oregon** 5a U.S.A. 5b MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 5c SPOUSE (IF MARRIED, WIDOWED) **Dorothea**
6- SOCIAL SECURITY NUMBER **543 - 10 - 1664** 6a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Timber Faller - Ret.** 6b KIND OF BUSINESS OR INDUSTRY **Weyerhaeuser Lumber Co.**
7- REMEDENCE - STATE **Oregon** 7a COUNTY **Klamath** 7b CITY, TOWN OR LOCATION **Klamath Falls** 7c STREET AND NUMBER OR R.F.D. **4063 Shasta Way** ZIP **97603**
8- FATHER - NAME **Benjamin Hollenbeak** 8a MOTHER - First middle last **Nancy McGill** (Maiden Name) 8b INFORMANT - NAME and relationship to deceased **Arelene Ling - Daughter**
9- BURIAL, CREMATION, REMOVAL, MAINE (Specify) **Cremation** 9a CEMETERY OR CREMATORY - NAME **Eternal Hills Memorial Gardens** 9b LOCATION **Klamath Falls, Ore.**
10- FUNERAL SERVICE LICENSEE or person acting as such **Jim Lancaster** 10a NAME AND ADDRESS OF FACILITY **Ward's / 1945 Main St. / Klamath Falls, Ore. 97601**
11- To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
12- (Signature) **Kenneth K. Magee** 12a DATE SIGNED (Mo., Day, Year) **3-31-87** 12b HOUR OF DEATH **8:46 P.M.**
13- NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) **Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, Ore. 97601**
14- NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) **Dr. Kenneth K. Magee**
15- DATE RECEIVED BY REGISTRAR (Mo., Day, Year) **April 3, 1987** 15a REGISTRAR **Marian Ackerman**
16- IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 16a AND 16b)
16a (a) **Cardio - Ruptured Aorta** Interval between onset and death **minutes**
16b (b) **Systolic due to binary post deflection** Interval between onset and death **days**
16c (c) **Chronic Prostatitis** Interval between onset and death **Weeks**
17- OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)
17a **CVA**
18- ACCIDENT (Specify Yes or No) **NO** 18a DATE OF INJURY (Mo., Day, Year) 18b HOUR OF INJURY 18c AUTOPSY (Specify Yes or No) **NO** 18d WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) **NO**
19- INJURY AT WORK (Specify Yes or No) 19a PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 19b DESCRIBE HOW INJURY OCCURRED 19c LOCATION **STREET OR R.F.D. NO** **CITY OR TOWN** **STATE**
20- DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? **YES** **NO** **N/A** 20a WAS GIFT MADE? **YES** **NO** **N/A**
21- RESERVED FOR REGISTRAR'S USE

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.



MARIAN ACKERMAN, Registrar Vital Statistics
By Marian Ackerman, Deputy Registrar
Date **APR 6 1987**
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of April of A.D. 19 87 at 12:27 o'clock P M., and duly recorded in Vol. M87 on Page 5787
FEE \$5.00
Ret: Dorothea Hollenbeak
By Evelyn Biehn, County Clerk
4063 Shasta Way, Klamath Falls, Oregon 97603