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

CERTIFICATE OF DEATH

Vol. ____ Page ____

State File Number

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

DECEDENT

1 NAME — First: LEE — Middle: BRUCE — Last: HOLLENBEAK

2 DATE OF DEATH (month, day, year): March 29, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 80

5b Under 1 year: months ____ days ____

5c Under 1 day: hours ____ min. ____

6 DATE OF BIRTH (month, day, year): February 28, 1907

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

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Klamath Convalescent 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): Oregon

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Dorothea

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

13 SOCIAL SECURITY NUMBER: 543 - 10 - 1664

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Faller - Ret.

14b KIND OF BUSINESS OR INDUSTRY: Weyerhauser Lumber Co.

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 4063 Shasta Way ZIP: 97603

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

16 FATHER — NAME first middle last: Benjamin Hollenbeak

17 MOTHER — first middle last (Maiden Name): Nancy McGill

18 INFORMANT — NAME and relationship to deceased: Arelene Ling - Daughter

DISPOSITION

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

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Jim Lancaster

20b NAME AND ADDRESS OF FACILITY: Ward's / 1945 Main St. / Klamath Falls, Ore. 97601

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

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

21a (Signature): Kenneth K Magee

21b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, Ore. 97601

21b DATE SIGNED (Mo., Day, Year): 3-31-87

21c HOUR OF DEATH: 8:46 P.M

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

21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): April 3, 1987

22b REGISTRAR (Signature): Darlene E. Reynolds

CAUSE OF DEATH

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

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

PART I

(a) DUE TO, OR AS A CONSEQUENCE OF: Cardio - Resp Arrest — Interval between onset and death: minutes

(b) DUE TO, OR AS A CONSEQUENCE OF: Septicemia due to Urinary tract infection — Interval between onset and death: days

(c) Chronic Prostatitis — Interval between onset and death: weeks

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): CVA

23 ACCIDENT (Specify Yes or No): No

24 AUTOPSY (Specify Yes or No): No

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

26a INJURY AT WORK (Specify Yes or No)

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

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

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

26f 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

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.

SEAL

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 KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of April A.D. 19 87 at 12:27 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 5787 the 7th day

FEE $5.00

Evelyn Biehn, County Clerk

By _____

Ret: Dorothea Hollenbeak 4063 Shasta Way, Klamath Falls, Oregon 97603