

94083

A-1358

I.D. TAG NO.

44

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

136-

State File Number

1667

DECEASED

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1. DECEASED NAME Bruce		2. SEX M		3. DATE OF DEATH (Month, Day, Year) Found February 1, 1988	
4. SOCIAL SECURITY NUMBER 573-18-1330		5. AGE - At Birth (Years) 69		6. BIRTHPLACE (City and State or Foreign Country) Mankato, Minnesota	
7. DATE OF BIRTH (Month, Day, Year) January 10, 1919		8. PLACE OF DEATH (Check only one) ☒ HOME ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)			
9. US DECEASED EVENT IN U.S. ARMED FORCES? ☒ Yes ☐ No		10. PLACE OF DEATH (Check only one) ☐ Inpatient ☐ Outpatient ☐ D.O.A. ☐ Other (Specify)			
11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath			
13. RESIDENCE - STATE Oregon		14. RESIDENCE - CITY Klamath Falls		15. STREET AND NUMBER 926 Loma Linda Drive	
16. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Newspaper Reporter		17. KIND OF BUSINESS/INDUSTRY Newspaper		18. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
19. SPOUSE (If Married, Widowed, Divorced) Carelita		20. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			
21. FATHER - NAME first middle last Murray Reed Benedict		22. MOTHER - NAME first middle maiden Elizabeth - Tucker		23. INFORMANT - NAME and relationship to deceased Scott B. Benedict, son	
24. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Cremation Service		26. LOCATION - City or Town, State Klamath Falls, Oregon	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON CONDUCTING FUNERAL <i>[Signature]</i>		28. LICENSE NUMBER (If Licensee) 3287		29. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 97601 515 Pine St., Klamath Falls, Ore.	
30. TIME OF DEATH Found 2:05 P.M.		31. DATE PRONOUNCED DEAD (Month, Day, Year) February 1, 1988		32. TIME OF DEATH 2:05 P.M.	
33. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED (Signature) <i>[Signature]</i>		34. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED (Signature) <i>[Signature]</i>			
35. DATE SIGNED (Month, Day, Year) 2/2/88		36. DATE SIGNED (Month, Day, Year) February 2, 1988			
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Dr. William A. Bartlett, M.D., 2300 Clairmont St., Klamath Falls, Ore. 97601		38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR LINE FOR (a), (b), (c), (d) Do not enter mode of dying, e.g. Cordiac or Respiratory Arrest.) Natural Causes		40. INTERVAL BETWEEN ONSET AND DEATH Unknown			
41. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Chronic Alcohol Abuse		42. AUTOPSY ☐ Yes ☒ No			
43. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide		44. DATE OF INJURY (Month, Day, Year) M		45. TIME OF INJURY M	
46. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) At home		47. LOCATION (Street and Number or Rural Route Number, City or Town, State) 926 Loma Linda Drive, Klamath Falls, Ore.			
48. REGISTRAR'S SIGNATURE <i>[Signature]</i>		49. DATE FILED (Month, Day, Year) FEB 02 1988			
50. DID HOSPITAL REPRESENTATIVE MAINTAIN LIST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A		51. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A			

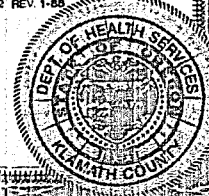
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

45-2 REV. 1-88

DATE ISSUED **FEB 03 1988**

\$5.00 CA

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of February A.D., 19 88 at 4:01 o'clock P M. and duly recorded in Vol. M88 the 4th day of February on Page 1667

Evelyn Biehn, County Clerk
By *[Signature]*

FEE \$5.00
Ret: Scott Benedict Box 369 Redwood City, California 94064