CERTIFICATION OF VITAL RECORD

A-1371
I.D. TAG NO.

85773

108
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

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136-
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Frederick; Middle: Burton; Last: EHLERS
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 24, 1988
4. SOCIAL SECURITY NUMBER: 543-05-1483
5a. AGE - Last Birthday (Years): 73
5b. IF UNDER 1 YEAR: Mos. / Days
5c. IF UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Redmond, Oregon
7. DATE OF BIRTH (Month, Day, Year): Sept. 5, 1914
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No
9a. PLACE OF DEATH (Check only one): ☐ HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; ☐ OTHER: ☐ Nursing Home ☒ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1338 Pacific Terrace
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life): Retail Lumber Sales Self-Employed
10b. KIND OF BUSINESS/INDUSTRY: Retail Lumber and Building Supplies
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Eleanor
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1338 Pacific Terrace
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: George Lewis Ehlers
18. MOTHER - NAME first middle maiden: Mina Mae Johnson
19. INFORMANT - NAME and relationship to deceased: Eleanor C. Ehlers, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 97601, 515 Pine St., Klamath Falls, Ore.

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 11:22 P. M
24. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature): Kenneth K. Magee M.D.
26. DATE SIGNED (Month, Day, Year): March 25, 1988
27. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 97601
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
28. 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)
29. DATE SIGNED (Month, Day, Year) COUNTY

CAUSE OF DEATH

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.

PART I
(a) Probable Cardiac Arrythmia — Interval between onset and death: Minutes
(b) DUE TO, OR AS A CONSEQUENCE OF: Advanced Cardiomyopathy — Interval between onset and death: Yrs.
(c) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease without Infarction — Interval between onset and death: Yrs.

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

33. AUTOPSY ☐ Yes ☒ No
34. If YES were findings considered in determining cause of death?

35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner
36a. DATE OF INJURY (Month, Day, Year)
36b. TIME OF INJURY M
36c. INJURY AT WORK? ☐ Yes ☒ No
36d. DESCRIBE HOW INJURY OCCURRED
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

REGISTRAR

37. REGISTRAR'S SIGNATURE: Michelle Bartell
38. DATE FILED (Month, Day, Year): MAR 2 8 1988
39. DID PERSONAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
40. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

RESERVED FOR REGISTRAR'S USE

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45-2 REV. 1/86

DATE ISSUED MAR 2 8 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Eleanor C. Ehlers the 31st day of March A.D., 19 88 at 10:31 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 4614.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith

Ret: Eleanor C. Ehlers 1338 Pacific Terrace, Klamath Falls, Oregon 97601