

CERTIFICATION OF VITAL RECORD

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

37692

I.D. TAG NO.

106

Local File Number

136-

State File Number

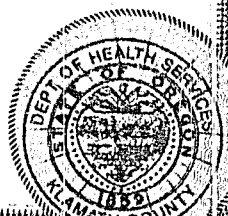
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1. DECEDENT'S NAME First: Max Middle: Lee Last: RUGE		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 19, 1988
4. SOCIAL SECURITY NUMBER 543/10/1075		5a. AGE - Last Birthday (Years) 77	5b. UNDER 1 YEAR MOA Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		7. DATE OF BIRTH (Month, Day, Year) June 19, 1910	
8a. PLACE OF DEATH (Check only one) ☒ Hospital ☐ ER/Outpatient ☐ DCA		8b. PLACE OF DEATH (Specify)	
9a. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Asst. Personnel Mgr.		10b. KIND OF BUSINESS/INDUSTRY Lumber Company	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Meridith H.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 933 Grant Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify or only highest grade completed) Elementary/Secondary (0-12) College (13-16 or 17+) 12		17. FATHER - NAME First Middle Last Edward A. Ruge	
18. MOTHER - NAME First Middle Last Lucille V. Cox		19. INFORMANT - NAME and relationship to decedent Meridith Ruge / Wife	
20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park	
20c. LOCATION - City or Town, State Klamath Falls, Oregon		21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James K. Magee</i>	
21b. LICENSE NUMBER (Of Licensee) 3409		22. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home 1945 Main Street Klamath Falls, Ore. / 97601	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
23. TIME OF DEATH 1750		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) <i>Kenneth K. Magee</i>			
26. DATE SIGNED (Month, Day, Year) 3-21-88			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27a. TIME OF DEATH M		27b. DATE PRONOUNCED DEAD (Month, Day, Year) 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			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, MD / 1900 Main Street / Klamath Falls, Oregon / 97601			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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.)			
(a) Large Central Thrombus (R. middle cerebral art.)		Interval between onset and death 4 days	
(b) Thrombus in Rt. middle cerebral artery		Interval between onset and death 4 days	
(c) Some generalized atherosclerosis		Interval between onset and death None	
33. OTHER SIGNIFICANT CONDITIONS - Conditions contributed to death but not related to cause given in PART 1 (a) Possible pneumonia			
33. AUTOPSY ☐ Yes ☒ No			
34. IF YES, were findings considered in determining cause of death?			
35. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Undetermined ☐ Homicide			
36a. DATE OF INJURY (Month, Day, Year)		36b. TIME OF INJURY	
36c. INJURY AT WORK? ☐ Yes ☒ No		36d. DESCRIBE HOW INJURY OCCURRED	
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		37. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
37. REGISTRAR'S SIGNATURE <i>Nichelle Roth</i>		38. DATE FILED (Month, Day, Year) MAR 24 1988	
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A			
40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A			

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

CAUSE OF DEATH

REGISTRAR



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

DATE ISSUED April 7, 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William L. Sisemore, Attorney of April A.D. 19 88 at 4:16 o'clock P M., and duly recorded in Vol. M88 of Deeds on Page 5634.

FEE \$5.00

Return to: Meredith Ruge-933 Grant St., Klamath Falls, OR 97601

Evelyn Biehn County Clerk
By Bernetha A. Betsch