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CERTIFICATION OF VITAL RECORD

37649
I.D. TAG NO.

642
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

136-
State File Number

DECEDENT'S

1. DECEDENT'S NAME: First: Theodore; Middle: Richard; Last: DREWKE
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): July 3, 1988
4. SOCIAL SECURITY NUMBER: 327-16-7263
5a. AGE - Last Birthday (Years): 67
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
7. DATE OF BIRTH (Month, Day, Year): October 8, 1920
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL: XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Merle West Medical Center
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. Do not use retired): Postmaster
10b. KIND OF BUSINESS/INDUSTRY: U.S. Postal Service
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): Ruth
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Keno
13d. STREET AND NUMBER: Box 133
13e. INSIDE CITY LIMITS? ☐ Yes XX No
13f. ZIP CODE: 97627
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) XX No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 2; College (1-4 or 5+):

PARENTS

17. FATHER - NAME: First: Theodore F.; Middle:; Last: Drewke
18. MOTHER - NAME: First: Elizabeth; Middle: M.; Maiden: Lasch
19. INFORMANT - NAME and relationship to deceased: Ellen Drewke - Daughter

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Keno Cemetery
20c. LOCATION - City or Town, State: Keno, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jim Lancaster
21b. LICENSE NUMBER (Of Licensee): 3224
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main St., Klamath Falls, Oregon 97601

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 1215 M
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes XX No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)
26. DATE SIGNED (Month, Day, Year): July 6, 1988
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (Type or Print): Blake Berven, MD - 2616 Clover - Klamath Falls, Oregon 97601
31. 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)
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).) Due to, or as a result of, or following: Cardiac or Respiratory Arrest.

PART I
(a) Respiratory failure — Interval between onset and death: 24 hours
DUE TO, OR AS A CONSEQUENCE OF:
(b) Large cell carcinoma of lung — Interval between onset and death: 3 months
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): Acute Myocardial Infarction — Interval between onset and death:

35. MANNER OF DEATH: XX Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide
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)
33. AUTOPSY ☐ Yes XX No
34. If YES were findings considered in determining cause of death?

REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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

DATE ISSUED AUG 1 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DEPT OF HEALTH SERVICES STATE OF OREGON KLAMATH COUNTY 453

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ellen Drewke
of Aug. A.D., 19 88 at 3:11 o'clock P.M., and duly recorded in Vol. M88 the 1st day
of Deeds on Page 12293.

FEE $8.00

Evelyn Biehn, County Clerk
By Doreen Mullenhour

Return: Ellen Drewke
P.O. Box 387, Keno, Or. 97627