

92297

Vol. m88 Page 16702

'88 OCT 6 AM 8 45

MT-20470P After recording return to: Grover Jodd  
3528 Crest  
Klamath Falls, OR 97603

25316

ID TAG NO.

417

Local File Number

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

## CERTIFICATE OF DEATH

State File Number

TYPE  
 OR PRINT  
 IN  
 PERMANENT  
 BLACK  
 INK  
 FOR  
 INSTRUCTIONS  
 SEE  
 HANDBOOK

## PRECEDENT

IF DEATH  
 OCCURRED IN  
 INSTITUTION,  
 SEE HANDBOOK  
 REGARDING  
 COMPLETION OF  
 RESIDENCE ITEMS

## DISPOSITION

## CERTIFIER

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

## CAUSE OF DEATH

DECEASED - NAME		First		Middle		Last		State File Number	
DALTON		FRANK		RITZEL				DATE OF DEATH (month, day, year)	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
White		Male		81				October 23, 1987	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		IF HOSP. OR INST. Indicate DOA		COUNTY OF DEATH			
Klamath Falls		Mt. View Care Center		Inpatient		Klamath			
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
Indiana		U.S.A.		Married		Naomi		NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
540-16-9408		Painter		Commercial Painting					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Klamath		Klamath Falls		140 S. Carroll		97601	
FATHER - NAME - first middle last		MOTHER - first middle last		(Maiden Name)		INFORMANT - NAME and relationship to deceased		Inside City Limits (specify yes or no)	
Frank - Ritzel		Laura				Naomi Ritzel - Wife		Yes	
BURIAL, CREMATION, REMOVAL, MAUS (specify)		CEMETERY OR CREMATORY - NAME		LOCATION		city or town		state	
Burial		Klamath Memorial Park		Klamath Falls, Ore.					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH			
Jim Lancaster		WARD'S Funeral Home / 1945 Main St. / K. Falls, Ore. 97601		November 2, 1987		0930		M	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR		22b (Signature)			
Blake Berven, MD - 2616 Clover - Klamath Falls, Oregon 97601		NOV 4 1987		Michelle Bartlett					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23 IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]		Interval between onset and death			
		PART I		(a) Pneumonia		32 days			
				(b) Chronic congestive heart failure		6 months			
				(c) ASHD		unknown			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a), (b) and (c).		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
No									
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE?		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE									

ORIGINAL - VITAL STATISTICS COPY

4-2 Rev 8-86

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

DATE ISSUED JAN 04 1988

Marian Ackerman  
 MARIAN ACKERMAN  
 COUNTY REGISTRAR  
 KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 6th day  
 of Oct. A.D., 19 88 at 8:45 o'clock A.M., and duly recorded in Vol. M88  
 of Deeds on Page 16702.

FEE \$8.00

Evelyn Biehn, County Clerk

By Paulene Middleton