

DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

138-

1. DECEDENT'S NAME: **Leon Stanley MONSKE**

2. SEX: **M**

3. DATE OF DEATH (Month, Day, Year): **December 19, 1988**

4. SOCIAL SECURITY NUMBER: **270-10-1557**

5a. AGE - Last Birthday (Years): **74**

5b. UNDER 1 YEAR: **74**

5c. UNDER 1 DAY: **74**

6. BIRTHPLACE (City and State or Foreign Country): **Grafton, Ohio**

7. DATE OF BIRTH (Month, Day, Year): **May 28, 1914**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9. PLACE OF DEATH (Check only one): ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☒ Other

10a. FACILITY NAME (If not institution, give street and number): **4450 Onyx Ave**

10b. CITY, TOWN, OR LOCATION OF DEATH: **Klamath Falls**

10c. COUNTY OF DEATH: **Klamath**

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**

12. SPOUSE (If Married, Widowed): **Dorothy**

13a. RESIDENCE - STATE: **Oregon**

13b. COUNTY: **Klamath**

13c. CITY, TOWN, OR LOCATION: **Klamath Falls**

13d. STREET AND NUMBER: **4450 Onyx Ave**

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 only highest grade completed): **12**

17. FATHER - NAME: first middle last **Stanley John Monske**

18. MOTHER - NAME: first middle maiden **Hattie - Stanialawski**

19. INFORMANT - NAME and relationship to decedent: **Dorothy Monske, wife**

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Eternal Hills Crematory**

20c. LOCATION - City or Town, State: **Klamath Falls, Oregon**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: **William F. Davenport**

21b. LICENSE NUMBER (Of Licensee): **47-3104**

22. NAME, ADDRESS AND ZIP OF FACILITY: **Davenport's Chapel of the Good Shepherd, 6420 South Sixth St., Klamath Falls, Oregon 97603-7191**

23. TIME OF DEATH: **12:30 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): **Mark S. Kochevar MD**

26. DATE SIGNED (Month, Day, Year): **December 19, 1988**

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): **Mark S. Kochevar MD**

29. DATE SIGNED (Month, Day, Year): **December 19, 1988**

30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): **Mark S. Kochevar, MD, 1905 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) **Respiratory arrest**

(b) **Concussion**

(c) **Parkinson's disease**

33. AUTOPSY: ☐ Yes ☒ No

34. IF YES, FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

35. MANNER OF DEATH: ☒ Natural ☐ Pending investigation ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined Manner

35a. DATE OF INJURY (Month, Day, Year):

35b. TIME OF INJURY: **M**

35c. INJURY AT WORK? ☐ Yes ☒ No

35d. DESCRIBE HOW INJURY OCCURRED:

36a. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify):

36b. LOCATION (Street and Number or Rural Route Number, City or Town, State):

37. REGISTRAR'S SIGNATURE: **Nancy Kennedy**

38. DATE FILED (Month, Day, Year): **DEC 19 1988**

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

40. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

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45-2 REV. 1-88

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DATE ISSUED **DEC 20 1988**

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of **Dorothy Monske**
of **Dec.** **A.D. 19 88** at **3:13** o'clock **P.M.**, and duly recorded in Vol. **M88**
of **Deeds** on Page **21812**

Evelyn Biehn
By **Caroline Mullenders** County Clerk

FEE \$8.00
Return: Dorothy Monske
4450 Onyx, Klamath Falls, Or. 97603