

96345

'89 JAN 23 PM 2. 30

Vol. m89 Page 1333

## CERTIFICATION OF VITAL RECORD

HEALTH DIVISION Vital Records Unit CERTIFICATE OF DEATH		136-	
1. DECEDENT'S NAME First Middle Last <b>Ernest Percy WOLF</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>January 17, 1989</b>
4. SOCIAL SECURITY NUMBER <b>508-09-9540</b>		5a. AGE - Last Birthday (Years) <b>90</b>	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) <b>Sargent, Nebraska</b>		7. DATE OF BIRTH (Month, Day, Year) <b>August 4, 1898</b>	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9. FACILITY NAME (If not institution, give street and number) <b>Mt. View Care Center</b>		10. COUNTY OF DEATH <b>Klamath</b>	
11. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Plumber</b>		12. SPOUSE (If Married, Widowed) <b>Elsie</b>	
13a. RESIDENCE - STATE <b>Oregon</b>		13b. COUNTY <b>Klamath</b>	
13c. CITY, TOWN, OR LOCATION <b>Malin</b>		13d. STREET AND NUMBER <b>6th &amp; Market - Box 522</b>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) <b>White</b>	
16. INFORMANT - NAME and relationship to decedent <b>Elsie Wolf - Wife</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>	
18. FATHER - NAME first middle last <b>Orlando Morgan Wolf</b>		19. MOTHER - NAME first middle maiden <b>Clara Helen Ferris</b>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Malin Cemetery</b>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James K. Chel</i>		21b. LICENSE NUMBER (Of Licensee) <b>3409</b>	
22. NAME, ADDRESS AND ZIP OF FACILITY <b>WARD'S / 1945 Main St. Klamath Falls, Oregon 97601</b>		23. DATE FILED (Month, Day, Year) <b>JAN 23 1989</b>	
24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH <b>1200</b>			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. On the basis of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Kenneth K. Magee</i>			
30. DATE SIGNED (Month, Day, Year) <b>1-18-89</b>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, Ore. 97601</b>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
33. 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) DUE TO, OR AS A CONSEQUENCE OF: <b>Cerebral Vascular Thrombosis</b>			
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Generalized atherosclerosis</b>			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <b>Recent myocardial infarction</b>			
34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide			
35. DATE OF INJURY (Month, Day, Year) <b>M</b>			
36. TIME OF INJURY <b>M</b>			
37. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
39. DESCRIBE HOW INJURY OCCURRED			
40. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
41. DATE OF DEATH			
42. TIME OF DEATH			
43. DATE OF DEATH			
44. TIME OF DEATH			
45. DATE OF DEATH			
46. TIME OF DEATH			
47. DATE OF DEATH			
48. TIME OF DEATH			
49. DATE OF DEATH			
50. TIME OF DEATH			
51. DATE OF DEATH			
52. TIME OF DEATH			
53. DATE OF DEATH			
54. TIME OF DEATH			
55. DATE OF DEATH			
56. TIME OF DEATH			
57. DATE OF DEATH			
58. TIME OF DEATH			
59. DATE OF DEATH			
60. TIME OF DEATH			
61. DATE OF DEATH			
62. TIME OF DEATH			
63. DATE OF DEATH			
64. TIME OF DEATH			
65. DATE OF DEATH			
66. TIME OF DEATH			
67. DATE OF DEATH			
68. TIME OF DEATH			
69. DATE OF DEATH			
70. TIME OF DEATH			
71. DATE OF DEATH			
72. TIME OF DEATH			
73. DATE OF DEATH			
74. TIME OF DEATH			
75. DATE OF DEATH			
76. TIME OF DEATH			
77. DATE OF DEATH			
78. TIME OF DEATH			
79. DATE OF DEATH			
80. TIME OF DEATH			
81. DATE OF DEATH			
82. TIME OF DEATH			
83. DATE OF DEATH			
84. TIME OF DEATH			
85. DATE OF DEATH			
86. TIME OF DEATH			
87. DATE OF DEATH			
88. TIME OF DEATH			
89. DATE OF DEATH			
90. TIME OF DEATH			
91. DATE OF DEATH			
92. TIME OF DEATH			
93. DATE OF DEATH			
94. TIME OF DEATH			
95. DATE OF DEATH			
96. TIME OF DEATH			
97. DATE OF DEATH			
98. TIME OF DEATH			
99. DATE OF DEATH			
100. TIME OF DEATH			

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-89

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

DATE ISSUED JAN 23 1989

Marian Ackerman  
CLERK  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 23rd day  
of Jan. 1989 at 2:30 o'clock P.M., and duly recorded in Vol. M89  
of \_\_\_\_\_ Deeds on Page 1333  
By Evelyn Biehn, County ClerkFEE \$8.00  
Return: Elsie Wolf  
Box 522, Malin, Or. 97632