

## CERTIFICATION OF VITAL RECORD

HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

136-

1. DECEDENT'S NAME: First Martin Middle WINTHER Last M

2. SEX: M

3. DATE OF DEATH (Month, Day, Year): January 30, 1989

4. SOCIAL SECURITY NUMBER: 542-12-5066

5a. AGE - Last Birthday (Years): 85

5b. Under 1 Year: Mo. Days Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Germany

7. DATE OF BIRTH (Month, Day, Year): June 16, 1903

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

9a. PLACE OF DEATH (Check only one): ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): East Front & Roosevelt Streets

9c. CITY, TOWN, OR LOCATION OF DEATH: Merrill

9d. COUNTY OF DEATH: Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Grain Elevator Operator

10b. KIND OF BUSINESS/INDUSTRY: Agriculture

11. MARITAL STATUS - Married

12. SPOUSE (If Married, Widowed, Divorced (Specify)): Della

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN, OR LOCATION: Merrill

13d. STREET AND NUMBER: East Front & Roosevelt Sts

13e. INSIDE CITY LIMITS? ☒ Yes ☐ No

13f. ZIP CODE: 97633

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: Peter - Winther

18. MOTHER - NAME first middle maiden: Anna -

19. INFORMANT - NAME and relationship to deceased: Della Winther, wife

20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State

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

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Marcel Reid

21b. LICENSE NUMBER (Of Licensee): 3329

22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 97601 515 Pine St., Klamath Falls, Ore.

23. DATE FILED (Month, Day, Year): FEB 1 1989

24. REGISTRAR'S SIGNATURE: Nancy Kennedy

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

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

27. TIME OF DEATH: 1:00 P. M.

28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): William A. Bartlett

30. DATE SIGNED (Month, Day, Year): January 31, 1989

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): William A. Bartlett, M.D., 2300 Clairmont Street, Klamath Falls, Ore. 97601

32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): William A. Bartlett, M.D., 2300 Clairmont Street, Klamath Falls, Ore. 97601

33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter code of dying, e.g. Cardiac or Respiratory Arrest.)

(a) DUE TO, OR AS A CONSEQUENCE OF: Natural Causes

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.

34. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention

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

35b. TIME OF INJURY: M

35c. INJURY AT WORK? ☒ Yes ☐ No

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

37. Did tobacco use contribute to the death? ☐ Yes ☒ No ☐ Probably ☐ Unknown

38. AUTOPSY: ☐ Yes ☒ No

39. If YES were findings considered in estimating cause of death? ☐ Yes ☐ No ☒ N/A

40. DESCRIBE HOW INJURY OCCURRED:

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

## 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 FEB 1 1989Marian Ackerman  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Della Winther  
of Feb. A.D., 19 89 at 2:01 o'clock P.M., and duly recorded in Vol. M89  
of Deeds on Page 2083  
Evelyn Biehn - County Clerk  
By Dorothy Muelendae

FEE \$8.00  
Return: Della Winther  
E. Front & Roosevelt Sts., Merrill, Or. 97633