

CERTIFICATION OF VITAL RECORD

55233
I.D. TAG NO.

78

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

138-

State File Number

1. DECEDENT'S NAME First Middle Last Lorena Elizabeth SCHMITZ		2. SEX F	3. DATE OF DEATH (Month, Day, Year) February 10, 1989
4. SOCIAL SECURITY NUMBER 502-16-8071	5a. AGE - Last Birthday (Years) 90	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Genoa, Wisconsin		7. DATE OF BIRTH (Month, Day, Year) November 10, 1898	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> 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	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housewife		10b. KIND OF BUSINESS/INDUSTRY At Home	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Carl	
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN, OR LOCATION Klamath Falls	13d. STREET AND NUMBER 1118 Walnut
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 97601	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	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	
17. FATHER - NAME first middle last Joseph L. Monti		18. MOTHER - NAME first middle maiden Anna - Brendel	
19. INFORMANT - NAME and relationship to deceased Cecil Schmitz - Son		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Calvary Cemetery	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Jim Lancaster		21b. LICENSE NUMBER (Of License) 3224	
22. NAME, ADDRESS AND ZIP OF FACILITY WARD'S / 1945 Main St. Klamath Falls, Oregon 97601		23. DATE FILED (Month, Day, Year) FEB 15 1989	
24. REGISTRAR'S SIGNATURE Nancy Kennedy		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 11:30 A M	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) 2/13/89	
30. DATE SIGNED (Month, Day, Year) 2/13/89		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Dale McDowell, MD - 2680 Uhrmann - Klamath Falls, Ore. 97601	
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.) PART I (a) ACUTE MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: (b) CORONARY ATHEROSCLEROSIS DUE TO, OR AS A CONSEQUENCE OF: (c) ISCHEMIC HEART DISEASE		33. DATE SIGNED (Month, Day, Year) 2/13/89	
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"/> Homicide <input type="checkbox"/> Legal Intervention		35. DATE OF INJURY (Month, Day, Year)	
36. TIME OF INJURY M		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
38. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		39. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. LOCATION (Street and Number or Rural Route Number, City or Town, State)		41. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

ORIGINAL - VITAL STATISTICS COPY

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

DATE ISSUED FEB 15 1989

Marian Ackerman
KLAMATH COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Brandsness & Brandsness the 3rd day
of March, 19 89 at 12:40 o'clock P M., and duly recorded in Vol. M89
of Deeds on Page 3737

Evelyn Biehn County Clerk

By Marian Ackerman

FEE \$8.00

Return: Brandsness & Brandsness

411 Pine St., Klamath Falls, Or. 97601