

53904
I.D. TAG NO.

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: James Middle: William Last: KIEWATT			2. SEX M	3. DATE OF DEATH (Month, Day, Year) April 18, 1989		
4. SOCIAL SECURITY NUMBER 550-22-8542		5a. AGE - Last Birthday (Years) 62	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Mins.	6. BIRTHPLACE (City and State or Foreign Country) Oshkosh, WI	7. DATE OF BIRTH (Month, Day, Year) June 10, 1926
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 type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> COA <input type="checkbox"/> OTHER: <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		9d. COUNTY OF DEATH Klamath	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crew Foreman		10b. KIND OF BUSINESS/INDUSTRY Electric Utility		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Hazel
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2505 Corvallis Street
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 Specify:		15. RACE American Indian, Black, White, etc. (Specify) White
16. FATHER - NAME first middle last William R. Kiewatt		17. MOTHER - NAME first middle maiden Barbara - Doucet		18. INFORMANT - NAME and relationship to deceased Hazel Kiewatt, wife		
19a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Memorial Park		19c. LOCATION - City or Town, State Klamath Falls, Oregon		
20a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Marion Ackerman</i>		20b. LICENSE NUMBER (Of Licensee) 3329		21. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601		
22. DATE FILED (Month, Day, Year) APR 19 1989		23. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>		
25. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 1:55 P. M. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <i>James N. Beggs</i> M.D. 30. DATE SIGNED (Month, Day, Year) April 19, 1989		TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH M 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M 32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) 33. DATE SIGNED (Month, Day, Year) COUNTY				
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) James N. Beggs, M.D., 2300 Clairmont Street, Klamath Falls, Oregon 97601		35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
36. 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) Probable or likely due to: DUE TO, OR AS A CONSEQUENCE OF: (b) ASHD DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: COPD, Chronic Atrial Fib PART II 37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown 38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

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452 REV. 1-89

DATE ISSUED APR 19 1989

MARION ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Hazel Kiewatt the 27th day of April A.D. 19 89 at 3:31 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 7304

FEE \$8.00

Return: Hazel Kiewatt

2505 Corvallis, Klamath Falls, Or. 97601

Evelyn Biehn County Clerk

By *Caroline M. Anderson*