

55277
LD. TAG NO.
325

Local File Num ber

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

136- State File Number

1. DECEDENT'S NAME
First **Adeline** Middle **Zano** Last **LENNINGER**

2. SEX **Female**

3. DATE OF DEATH (Month, Day, Year)
July 27, 1989

4. SOCIAL SECURITY NUMBER **519-10-2158**

5a. AGE - At Birth (Year) **69**

5b. Under 1 Year **Mo.** Days **0** Hours **0** Mins. **0**

6. BIRTHPLACE (City and State or Foreign Country)
Burley, Idaho

7. DATE OF BIRTH (Month, Day, Year)
December 2, 1919

8a. PLACE OF DEATH (Check only one)
☐ Hospital ☒ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Other ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9. CITY, TOWN, OR LOCATION OF DEATH
Klamath Falls

9a. COUNTY OF DEATH
Klamath

10. DECEASED'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)
Married

12. SPOUSE (If Married, Widowed, Divorced) (Specify)
John

13a. RESIDENCE - STATE
Oregon

13b. COUNTY
Klamath

13c. CITY, TOWN, OR LOCATION
Klamath Falls

13d. STREET AND NUMBER
3229 Delaware

14. INSIDE CITY LIMITS? ☐ Yes ☒ No

15. ZIP CODE
97603

16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

17. FATHER - NAME first middle last
Holiday - Schmidt

18. MOTHER - NAME first middle maiden
Julia - Judd

19. INFORMANT - NAME and relationship to deceased
John Lenninger - Husband

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

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

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

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
Jim Lancaster

21b. LICENSE NUMBER (Of Licensee)
3224

22. NAME, ADDRESS AND ZIP OF FACILITY
Ward's Funeral Home / 1945 Main St. Klamath Falls, Oregon 97601

23. DATE FILED (Month, Day, Year)
July 31, 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
1:15 A.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.
Arthur Freeland

30. DATE SIGNED (Month, Day, Year)
7-30-89

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.
Arthur Freeland

33. DATE SIGNED (Month, Day, Year)
7-30-89

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)
Arthur G. Freeland, MD - 1905 Main St. - Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING (Type or Print)

36. IMMEDIATE CAUSE (ENTER 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:
Heart failure

(b) DUE TO, OR AS A CONSEQUENCE OF:
Coronary vascular disease, mitral insufficiency

(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I:
CVA 7/15/1989

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

38. AUTOPSY ☐ Yes ☒ No ☐ Yes ☐ No ☐ N/A

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

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

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

41a. INJURY AT WORK? ☐ Yes ☒ No

41b. DESCRIBE HOW INJURY OCCURRED

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

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **AUG 3 1989**

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: **OS.**

Filed for record at request of **Linda Sumner** the **17th** day
of **Aug.** A.D., 19 **89** at **2:04** o'clock **P.M.**, and duly recorded in Vol. **M89**
of **Deeds** on Page **15331**

Evelyn Biehn
By **Pauline M. Mendenhall** County Clerk

FEE \$8.00

Return: Linda Sumner

4635 Darwin Pl., Klamath Falls, Or. 97603