

E-5265
LD. TAG NO.
359
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: Dominick Last: HOEFLER		2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 15, 1989
4. SOCIAL SECURITY NUMBER 543-10-0708		5a. AGE (Years) 89	5b. Under 1 Year Nos. Days Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. DATE OF BIRTH (Month, Day, Year) December 19, 1899	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other 5323 Shasta Way		9. PLACE OF BIRTH (City and State or Foreign Country) Fishbach, Germany	
10. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Logger		11. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Widowed	
12. SPOUSE (If Married, Widowed, Divorced) (Specify) Esther S.		13. COUNTY OF DEATH Klamath	
14. RESIDENCE - STATE Oregon		15. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
16. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17. STREET AND NUMBER 5323 Shasta Way	
18. ZIP CODE 97603		19. RACE American Indian, Black, White, etc. (Specify) White	
20. 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		21. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 16) 8	
22. FATHER - NAME first middle last Frank - Hoefler		23. MOTHER - NAME first middle maiden Sophia - Esile	
24. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY <i>Merrell Beid</i>		27. LICENSE NUMBER (C1 License) 3329	
28. DATE FILED (Month, Day, Year) AUG 18 1989		29. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR. 97601	
30. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		31. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>	
32. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		33. TO BE COMPLETED BY CERTIFYING PHYSICIAN 27. TIME OF DEATH 28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
34. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 31a. TIME OF DEATH 1:00 A.M.		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) August 15, 1989 11:00 A.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) <i>William A. Bartlett</i>		33. DATE SIGNED (Month, Day, Year) 8/15/89	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) William A. Bartlett, M.D., M.E., 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) UNDETERMINED NATURAL CAUSES DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS: PART II Conditions contributing to death but not related to cause given in PART I.			
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) 8/15/89	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		42. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown	
43. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		44. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

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452 REV. 1-89

DATE ISSUED **AUG 18 1989**

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wanda Bechdoldt
of Aug. A.D., 19 89 at 10:55 o'clock A M., and duly recorded in Vol. M89 day
of Deeds on Page 15502

FEE \$8.00

Evelyn Biehn - County Clerk
By *Caroline M. ...*