CERTIFICATE OF DEATH

I.D. TAG NO. 0053 — Local File Number

HEALTH DIVISION — Vital Records Unit

136 — State File Number

DECEDENT

1. DECEDENT'S NAME: First: Vaughn; Middle: Fredrick; Last: KORTUM
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): April 11,1989
4. SOCIAL SECURITY NUMBER: 544-14-4597
5a. AGE - Last Birthday (Years): 65
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Nebraska
7. DATE OF BIRTH (Month, Day, Year): Sept. 7,1923
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9. HOSPITAL: ☒ Inpatient ☐ ER Outpatient ☐ DOA
9a. PLACE OF DEATH (Check only one) — OTHER: ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Willamette Falls Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Oregon City
9d. COUNTY OF DEATH: Clackamas
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Paper Maker
10b. KIND OF BUSINESS/INDUSTRY: Pulp & Paper
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Jean
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Clackamas
13c. CITY, TOWN, OR LOCATION: Oregon City
13d. STREET AND NUMBER: 20245 S. Henrici Rd.
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97045
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
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+):

PARENTS

17. FATHER - NAME first middle last: Henry Kortum
18. MOTHER - NAME first middle maiden: Ariel Mitchell
19. INFORMANT - NAME and relationship to deceased: Jean Kortum wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. View Cemetery
20c LOCATION - City or Town, State: Oregon City, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Carnation Ross & Waud
21b. LICENSE NUMBER (Of Licensee): 3415
22. NAME, ADDRESS AND ZIP OF FACILITY: Holman-Hankins-Bowker-Waud, P.O.Box 729/Oregon City, Oregon
23. DATE FILED (Month, Day, Year): APR 13 1989
24. REGISTRAR'S SIGNATURE: Thomas Jones
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A
26. WAS GIFT MADE? ☒ YES ☐ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1515 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): Charles M. Hickman MD
30. DATE SIGNED (Month, Day, Year): 4-12-89

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 CERTIFIER/MEDICAL EXAMINER (Type or Print): CHARLES M. HICKMAN, M.D. 1420 JOHN ADAMS OREGON CITY, OREGON 97045 656-1484
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST →

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) CA Lung — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.: ASVD, HS, HD.

37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY: ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year):
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY occurred:
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

RESERVED FOR REGISTRAR'S USE

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 CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED: APR 13 1989

THOMAS M. TROXEL
COUNTY REGISTRAR
CLACKAMAS COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Hibbard, CAldwell, Bowerman, Schultz the 20th day of Nov. A.D., 19 89 at 11:12 o'clock AM., and duly recorded in Vol. M89, of Deeds on Page 22399.

FEE $8.00

Evelyn Biehn County Clerk
By Pauline Mullendore

Return: Hibbard, CAldwell, Bowerman & Schultz
P.O. Box 667, Oregon City, Or. 97045