CERTIFICATION OF VITAL RECORD

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

079719 I.D. TAG NO.
246 Local File Number
136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: Eleanor; Middle: A.; Last: REHFUSS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 15, 1990
4. SOCIAL SECURITY NUMBER: 544-36-1873
5a. AGE - Last Birthday (Years): 73
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Salem, Oregon
7. DATE OF BIRTH (Month, Day, Year): December 29, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Decedent's Home ☐ 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): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed): William - Rehfuss
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1003 Tamara Drive
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME first middle last: Ernest - Rehfeldge
18. MOTHER - NAME first middle maiden: Rose - Domes
19. INFORMANT - NAME and relationship to deceased: Constance A. Low Sister

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): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Reed
21b. LICENSE NUMBER (Of Licensee): 3329
21. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine Street, Klamath Falls, OR 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): JUN 18 1990
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

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH
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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31a. TIME OF DEATH: 4:10 P M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): June 15, 1990 4:10 P 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): Robert M. Edwards M.D. M.E.
33. DATE SIGNED (Month, Day, Year): June 18, 1990
COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER) (Type or Print): Robert M. Edwards, M.D. M.E. 2865 Daggett Avenue, Klamath Falls, Oregon 97601
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

PART I
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.
(a) Cardiac Tamponade — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Myocardial Infarction Hemopericardiam — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) Atherosclerotic Coronary Artery Disease — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I.
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
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

45-2 REV. 1-89

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 JUN 18 1990

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

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Donald E. Low the 20th day of June A.D., 19 90 at 9:48 o'clock A.M., and duly recorded in Vol. M90, of Deeds on Page 12110.

Evelyn Biehn County Clerk
By Darlene Mullendore

FEE $8.00

Return: Donald E. Low
799 Woodcrest Dr., Springfield, Or. 97477