CERTIFICATION OF VITAL RECORD

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

082509 I.D. TAG NO.
241 Local File Number
136- State File Number

DECEDENT

1 DECEDENT'S NAME: First Sadie; Middle Clara; Last PRETON
2 SEX: F
3 DATE OF DEATH (Month, Day, Year): June 13, 1990
4 SOCIAL SECURITY NUMBER: 374-24-5719
5a AGE - Last Birthday (Years): 90
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Merrill, Wisconsin
7 DATE OF BIRTH (Month, Day, Year): January 18, 1900
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): Clairmont Nursing 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.): Housewife
10b KIND OF BUSINESS/INDUSTRY: Homemaking
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12 SPOUSE (If Married, Widowed): Russell J.
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 1761 Logan Street
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 Specify
15 RACE American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

17 FATHER - NAME first Gottlieb; middle —; last Koknke
18 MOTHER - NAME first Hulda; middle —; maiden Winekauf
19 INFORMANT - NAME and relationship to deceased: Russell J. Breton, husband

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): Klamath Memorial Park
20c LOCATION - City or Town, State: Klamath Falls, OR 97601

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b LICENSE NUMBER (Of Licensee): 47-3104
22 NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23 DATE FILED (Month, Day, Year): JUN 14 1990
24 REGISTRAR'S SIGNATURE: Nancy Kennedy
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDERATION? ☐ YES ☐ NO ☒ N/A
26 WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27 TIME OF DEATH: 23:50 PM
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): June 14, 1990

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): R. Rand Hale, MD, 1000 Pine Street, Klamath Falls, Oregon 97601
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE 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) Aspiration Pneumonia — Interval between onset and death: ~~5~~ 3d.
(b) DUE TO, OR AS A CONSEQUENCE OF: Senile Dementia — Interval between onset and death: 6mos
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I: Diabetes mellitus, insulin dependent
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

THIS IS A TRUE AND EXACT REPRODUCTION OF THE ORIGINAL VITAL STATISTICS COPY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED JUN 15 1990

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Russell Breton the 27th day of June A.D., 19 90 at 9:59 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 12563.

Evelyn Biehn County Clerk
By Doreen Mueldorf

FEE $8.00
Return: Russell Breton
1761 Logan, Klamath Falls, Or. 97603