CERTIFICATION OF VITAL RECORD

17552

MTC 23821-DN

OREGON STATE HEALTH DIVISION

VITAL STATISTICS SECTION

Vol. M90 Page 14002

42995 — I.D. TAG NO. — 451 — Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

88-022111 — 136- — State File Number

CERTIFICATE OF DEATH

1. DECEDENT'S NAME: William Clarence HOFF
2. SEX: M
4. DATE OF DEATH (Month, Day, Year): November 26, 1988
5. SOCIAL SECURITY NUMBER: 395-03-2428
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): Wisconsin
7. DATE OF BIRTH (Month, Day, Year): November 12, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ No ☐ Yes
8a. PLACE OF DEATH (Check only one): ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☒ Decedent's Residence ☐ Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): 1/2 mile so. on Highway 97
8c. CITY, TOWN, OR LOCATION OF DEATH: Gilchrist
8d. COUNTY OF DEATH: Klamath
9. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Logger
10. KIND OF BUSINESS/INDUSTRY: Timber
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
12. SPOUSE (If Married, Widow(er)): Dolores
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Gilchrist
13d. STREET AND NUMBER: 1/2 mile so. highway 97
13a. RESIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97737
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): 4 College (1-4 or 5+)
17. FATHER - NAME, first, middle, last: William - Hoff
18. MOTHER - NAME, first, middle, maiden: Clara - Kloplin
19. INFORMANT - NAME and relationship to deceased: Daniel Hoff, son
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Memorial Cemetery
20c. LOCATION - City or Town, State: Bend, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Reid
21b. LICENSE NUMBER (If Licensee): 3329
21c. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 97601 515 Pine St., Klamath Falls, Ore.

TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH:
24. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature):
26. DATE SIGNED (Month, Day, Year):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: 6:00 P.M.
27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): November 27, 1988 3:37 P.M.
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature): [signature] M.D.
29. DATE SIGNED (Month, Day, Year): 11/29/88
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: MEDICAL EXAMINER (Type or Print): Klamath 97601
Dr. William A. Bartlett, M.E., 2300 Clairmont Street, Klamath Falls, Ore.
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(b) Thrombotic Occlusion of Right Coronary Artery
DUE TO, OR AS A CONSEQUENCE OF:
(c) Atherosclerotic Coronary Artery Disease
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to disease or condition causing it.

33. AUTOPSY? ☒ Yes ☐ No
34. WERE FINDINGS CONSIDERED IN DETERMINATION OF CAUSE OF DEATH? Yes
35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
36. DATE OF INJURY (Month, Day, Year):
36a. TIME OF INJURY:
36b. INJURY AT WORK? ☐ Yes ☒ No
36c. DESCRIBE HOW INJURY OCCURRED:
36d. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) (Specify):
36e. LOCATION (Street and Number or R.F.D. Number, City or Town, State):

37. REGISTRAR'S SIGNATURE: Nancy Kennedy
38. DATE FILED (Month, Day, Year): NOV 30 1988
39. DID HOSPITAL REPRESENTATIVE MAKE RECOMMENDATION FOR ANATOMICAL GIFT CONSENT? ☐ Yes ☐ No ☒ N/A
40. WAS GIFT MADE? ☐ Yes ☐ No ☒ N/A

RESERVED FOR REGISTRAR'S USE: 6172

ORIGINAL—VITAL STATISTICS COPY

45-7 REV 1-88

'90 JUL 16 AM 9 32

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUL 12 1990

Edward J. Johnson II

EDWARD J. JOHNSON II
STATE REGISTRAR

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

RETURN TO: DELORES HOFF
39557 LUZKOW LANE
MARCOLA, OR 97454

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 16 day of July A.D., 19 90 at 9:32 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 14002.

Evelyn Biehn County Clerk

FEE 8.00

By Bernetha L Letsch