CERTIFICATION OF VITAL RECORD

086764
I.D. TAG NO.

363
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

136- State File Number

DECEDENT

1. DECEDENT'S NAME: First: John; Middle: Charles; Last: KRUNGLEVICH
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): August 25, 1990
4. SOCIAL SECURITY NUMBER: 569-64-4417
5a. AGE - Last Birthday (Years): 42
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Inyokern, Ca
7. DATE OF BIRTH (Month, Day, Year): Sept. 1, 1947
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.): Owner
10b. KIND OF BUSINESS/INDUSTRY: Amusement Machines
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Divorced
12. SPOUSE (If Married, Widowed): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4753 Shasta Way
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): ; College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME first middle last: Daniel - Krunglevich
18. MOTHER - NAME first middle maiden: Phyllis - Schoneover
19. INFORMANT - NAME and relationship to deceased: B. Krunglevich / Ex-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): Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. [illegible]
21b. LICENSE NUMBER (Or License): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601
23. DATE FILED (Month, Day, Year): AUG 30 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: 2300 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 D Bury
30. DATE SIGNED (Month, Day, Year):

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 D. Bury, MD / 2300 Clairmont / 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) DUE TO, OR AS A CONSEQUENCE OF: GI Bleeding Esophageal Varices — Interval between onset and death: 24 hrs
(b) DUE TO, OR AS A CONSEQUENCE OF: Cirrhosis of liver — Interval between onset and death:
PART II (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. — Interval between onset and death:

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 Ooccurred
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.

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DATE ISSUED AUG 30 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 _____ the 11th day of Sept. A.D., 19 90 at 11:50 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 18200.

Evelyn Biehn, County Clerk
By Pauline Mullenaux

FEE $8.00
Return: Bev. Krunglevich
2217 Ogden, Klamath Falls, Or. 97603