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

F 1995
I.D. TAG NO. 443
Local File Number
136- State File Number

1. DECEDENT'S NAME: First Albert; Middle F.; Last PATZKE
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): October 22, 1990
4. SOCIAL SECURITY NUMBER: 473-05-2230
5a. AGE - Last Birthday (Years): 72
5b. Under 1 Year: Age / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Devils Lake, ND
7. DATE OF BIRTH (Month, Day, Year): June 26, 1918
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 in 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): Truck Driver
10b. KIND OF BUSINESS/INDUSTRY: Lumber
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Maxine G. Patzke
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 4325 Summers Lane
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, mexican, 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): 12; College (1 4 or 5+): 2
17. FATHER - NAME first middle last: Frank - Patzke
18. MOTHER - NAME first middle maiden: Myrtle - Shivley
19. INFORMANT - NAME and relationship to deceased: Maxine G. Patzke Spouse
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Removal from State ☐ Other (Specify) ☐ Mausoleum
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Mark Ohl
21b. LICENSE NUMBER (If Licensee): 3287
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine Street, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): OCT 24 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

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 2:03 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): Randal A. Machado M.D.
30. DATE SIGNED (Month, Day, Year): 10/25/90

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

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Randal A. Machado M.D. 1005 Main Street Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print)

CAUSES OF DEATH
PART I. 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) Chronic Obstructive Pulmonary Disease — Interval between onset and death: Years
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(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.
Cor Pulmonale
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

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL CERTIFICATE REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR
STATISTICS COPY
Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON
DATE ISSUED OCT 25 1990

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Maxine Patzke the 26th day of Oct. A.D., 19 90 at 12:04 o'clock PM., and duly recorded in Vol. m90, of Deeds on Page 21603.

Evelyn Biehn . County Clerk
By Darlene Mitchell

FEE $8.00
Return: Maxine Patzke
4325 Summers Ln, Klamath Falls, OR. 97603