

## CERTIFICATION OF VITAL RECORD

E 5271  
I.D. TAG NO.

543

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

136-

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEDENT'S NAME First: John Middle: A. Last: KANDRA			2. SEX M	3. DATE OF DEATH (Month, Day, Year) December 18, 1990	
4. SOCIAL SECURITY NUMBER 548-52-2717		5a. AGE - Last Birthday (Years) 85	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Passaic, New Jersey	7. DATE OF BIRTH (Month, Day, Year) August 26, 1905
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> 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.) Farmer		10b. KIND OF BUSINESS/INDUSTRY Farming		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed) Margaret L. Kandra
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath		13c. CITY, TOWN, OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 3825 La Marada Way		13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97603	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 (14 or 5+) 7	
17. FATHER - NAME first middle last John A. Kandra, Sr.		18. MOTHER - NAME first middle maiden Catherine - Baluach		19. INFORMANT - NAME and relationship to decedent Margaret L. Kandra, wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		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 <i>Mike Oke</i>		21b. LICENSE NUMBER (Of Licensee) 3287		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) DEC 21 1990		24. REGISTRAR'S SIGNATURE <i>Nancy Kennedy</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 11:15 P.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>Blake Barven</i> M.D.					
30. DATE SIGNED (Month, Day, Year) December 20, 1990					
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Blake Barven, M.D., 2616 Clover Street, Klamath Falls, Oregon 97601					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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					
CONDITIONS IF ANY WHICH GIVE 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) Cardiogenic Shock DUE TO, OR AS A CONSEQUENCE OF: (b) Acute anterior myocardial infarction DUE TO, OR AS A CONSEQUENCE OF: (c) Atherosclerosis Interval between onset and death 5 minutes Interval between onset and death 36 hours Interval between onset and death 10 years					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.					
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
41f. DESCRIBE HOW INJURY OCCURRED					
RESERVED FOR REGISTRAR'S USE					

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

452 REV 1989

DATE ISSUED DEC 21 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 Richard Takacs the 21st day of Dec. A.D., 19 90 at 11:26 o'clock AM., and duly recorded in Vol. M90 of Deeds on Page 25312.

FEE \$5.00

Return: Richard Takacs  
3226 Naoma, Klamath Falls, Or. 97603By Evelyn Biehn, County Clerk  
*Evelyn Biehn*