CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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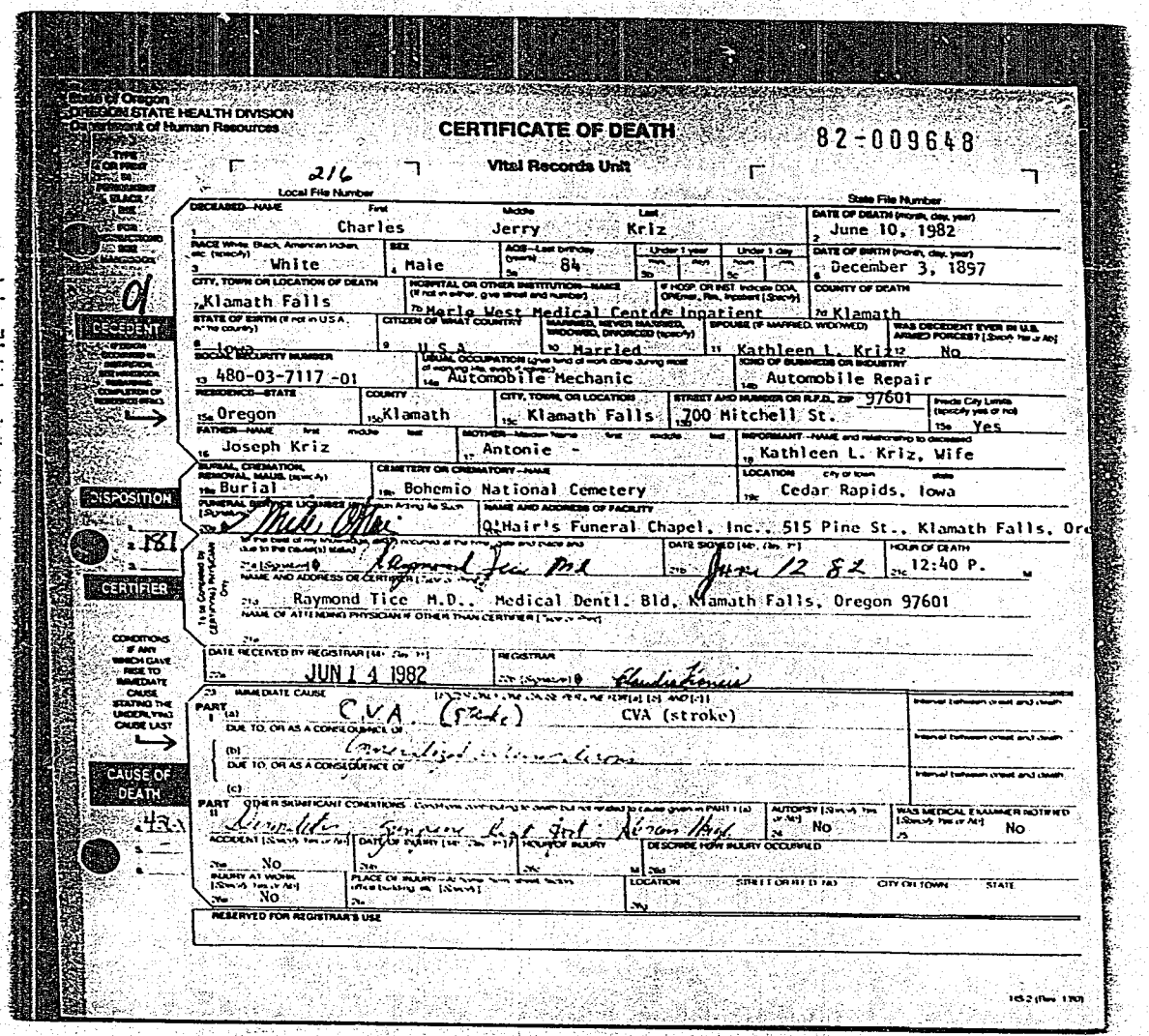

State of Oregon
OREGON STATE HEALTH DIVISION
Department of Human Resources

CERTIFICATE OF DEATH 82-009648

Vital Records Unit

216 — Local File Number — State File Number

DECEDENT

1. Decedent's Name: Charles Jerry Kriz
2. Date of Death (month, day, year): June 10, 1982
3. Race (White, Black, American Indian, etc.): White
4. Sex: Male
5a. Age — Last Birthday (Years): 84
5b. If Under 1 Year (Months, Days): 5c. If Under 1 Day (Hours, Minutes):
6. Date of Birth (month, day, year): December 3, 1897
7a. City, Town or Location of Death: Klamath Falls
7b. Hospital or Other Institution — Name (If not either, give street and number): Merle West Medical Center Inpatient
7c. If Hosp. or Inst. Indicate DOA, OP(Emer. Rm. Inpatient) (Specify): In
7d. County of Death: Klamath
8. State of Birth (If not in U.S.A., name the country): Iowa
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced (Specify): Married
11. Spouse (If Married, Widowed): Kathleen L. Kriz
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No): No
13. Social Security Number: 480-03-7117-01
14a. Usual Occupation (Give kind of work done during most of working life, even if retired): Automobile Mechanic
14b. Kind of Business or Industry: Automobile Repair
15a. Residence — State: Oregon
15b. County: Klamath
15c. City, Town, or Location: Klamath Falls
15d. Street and Number or R.F.D., ZIP: 700 Hitchell St. 97601
15e. Inside City Limits (Specify yes or no): Yes
16. Father — Name: Joseph Kriz
17. Mother — Maiden Name: Antonie -
18. Informant — Name and Relationship to Deceased: Kathleen L. Kriz, Wife

DISPOSITION

19a. Burial, Cremation, Removal, Other (Specify): Burial
19b. Cemetery or Crematory — Name: Bohemio National Cemetery
19c. Location — City or Town, State: Cedar Rapids, Iowa
20a. Funeral Service Licensee or Other Person Acting As Such (Signature): [signature]
20b. Name and Address of Facility: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a. (Signature): Raymond Tice M.D.
21b. Date Signed (Mo., Day, Yr.): June 12 82
21c. Hour of Death: 12:40 P.M.
21d. Name and Address of Certifier (Type or Print): Raymond Tice M.D., Medical Dentl. Bld, Klamath Falls, Oregon 97601
22. 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)

CAUSE OF DEATH

23. Date Received by Registrar (Mo., Day, Yr.): JUN 14 1982
24. Registrar (Signature): [signature]
25. Immediate Cause — Part I (a) DUE TO, OR AS A CONSEQUENCE OF: CVA (Stroke) — CVA (stroke)
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c)
Part II Other Significant Conditions Contributing to Death But Not Related to Cause Given in Part I (a):
26. Autopsy (Specify Yes or No): No
27. Was Medical Examiner Notified (Specify Yes or No): No
28. Accident (Specify Yes or No): No
29. Date of Injury (Mo., Day, Yr.):
30. Hour of Injury:
31. Describe How Injury Occurred:
32. Injury at Work (Specify Yes or No): No
33. Place of Injury (At home, farm, street, factory, office building, etc.):
34. Location — Street or R.F.D. No., City or Town, State:

RESERVED FOR REGISTRAR'S USE

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 DEC 18 1990

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

800

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. L. Sisemore the 22nd day of Jan. A.D., 19 91 at 12:14 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 1332.

Evelyn Biehn · County Clerk
By Pauline Muellenaire

FEE $8.00

Return: Wm. L. Sisemore
540 Main, Klamath Falls, Or. 97601