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CERTIFICATION OF VITAL RECORD

103184
I.D. TAG NO.

238
Local File Number

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

MTC 7396

136-

State File Number

DECEDENT

1 DECEDENT'S NAME: First: Clarence; Middle: Henry; Last: HAGEN
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): July 9, 1991
4 SOCIAL SECURITY NUMBER: 557-09-4229
5a AGE - Last Birthday (Years): 94
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): Pigeon Falls, WI
7 DATE OF BIRTH (Month, Day, Year): October 13, 1896
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a PLACE OF DEATH (Check only one): [ ] Inpatient [ ] ER/Outpatient [ ] DOA [ ] OTHER [X] Nursing Home [ ] Decedent's Home [ ] Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Plum Ridge Care 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.): Lathe Operator
10b KIND OF BUSINESS/INDUSTRY: Lumber
11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12 SPOUSE (If Married, Widowed): Kathryn
13a RESIDENCE - STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER: 3245 Boardman
13e INSIDE CITY LIMITS? [ ] Yes [X] No
13f ZIP CODE: 97603
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] 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): 6; College (1-4 or 5+):

PARENTS

17 FATHER - NAME first middle last: Oluf - Hagen
18 MOTHER - NAME first middle maiden: Anna - Armson

DISPOSITION

19 INFORMANT - NAME and relationship to deceased: Mike Hagen/grandson
20a METHOD OF DISPOSITION: [ ] Mausoleum [X] 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
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Verilyn Kennedy
21b LICENSE NUMBER (Of Licensee): 1257
22 NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main St./Klamath Falls, OR 97601

REGISTRAR

23 DATE FILED (Month, Day, Year): JUL 10 1991
24 REGISTRAR'S SIGNATURE: Nancy Kennedy
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [ ] NO [X] N/A
26 WAS GIFT MADE? [ ] YES [ ] NO [X] N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27 TIME OF DEATH: 1230 M
28 WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): R A Breitenstein
30 DATE SIGNED (Month, Day, Year): 7-10-91
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ralph Breitenstein, MD / 2622 Campus Drive / 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):
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): M
33 DATE SIGNED (Month, Day, Year): COUNTY

CAUSE OF DEATH

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) Emphysema — Interval between onset and death: 10 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Atherosclerotic coronary artery disease — Interval between onset and death: 5 yrs
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to cause given in PART I.

37 Did tobacco use contribute to the death? [ ] Yes [ ] No [ ] Probably [ ] Unk
38 AUTOPSY [ ] Yes [X] No
39 If YES were findings considered in determining cause of death? [ ] Yes [ ] No [ ] N/A
40 MANNER OF DEATH: [X] Natural [ ] Pending Investigation [ ] Accident [ ] Undetermined Manner [ ] Suicide [ ] Homicide [ ] 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

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ORIGINAL VITAL STATISTICS COPY

45.2 REV

DATE ISSUED: JUL 11 1991

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 12th day of July A.D., 19 91 at 11:17 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 13648.

FEE $8.00

Evelyn Biehn County Clerk
By Deputy

Return: MTC