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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit
CERTIFICATE OF DEATH

136-

1. DECEDENT'S NAME First: <u>Clarence</u> Middle: <u>Henry</u> Last: <u>HAGEN</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>July 9, 1991</u>
4. SOCIAL SECURITY NUMBER <u>557-09-4229</u>	5a. AGE - Last Birthday (Years) <u>94</u>	5b. Under 1 Year MOS. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) <u>Pigeon Falls, WI</u>
7. DATE OF BIRTH (Month, Day, Year) <u>October 13, 1896</u>		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____	
9. FACILITY NAME (If not institution, give street and number) <u>Plum Ridge Care Center</u>		10. CITY, TOWN, OR LOCATION OF DEATH <u>Klamath Falls</u>	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Lathe Operator</u>		12. SPOUSE (If Married, Widowed, Divorced (Specify)) <u>Widowed</u>	
13a. RESIDENCE - STATE <u>Oregon</u>		13b. COUNTY <u>Klamath</u>	
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>3245 Boardman</u>	
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		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>Elementary/Secondary (0-12)</u>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>6</u>	
18. MOTHER - NAME first middle last <u>Oluf - Hagen</u>		19. INFORMANT - NAME and relationship to decedent <u>Mike Hagen/grandson</u>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Eternal Hills Memorial Gardens</u>	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Verlinda Kennedy</u>		21b. LICENSE NUMBER (Of Licensee) <u>1257</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Ward's Klamath Funeral Home</u>		23. LOCATION - City or Town, State <u>1945 Main St./Klamath Falls, OR 97601</u>	
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NIA	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NIA		27. TIME OF DEATH <u>1230</u> M <input checked="" type="checkbox"/> P <input type="checkbox"/> A	
28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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) <u>R. B. Breitenstein</u>	
30. DATE SIGNED (Month, Day, Year) <u>7-10-91</u>		31. DATE SIGNED (Month, Day, Year) <u>7-10-91</u>	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Ralph Breitenstein, MD / 2622 Campus Drive / Klamath Falls, Oregon 97601</u>		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. 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) <u>emphysema</u> DUE TO, OR AS A CONSEQUENCE OF: (b) <u>atherosclerotic coronary artery disease</u> DUE TO, OR AS A CONSEQUENCE OF: (c) _____ OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		35. INTERVAL BETWEEN ONSET AND DEATH (a) <u>10 days</u> (b) _____ (c) _____	
36. 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		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk	
38. DATE OF INJURY (Month, Day, Year)		39. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
40. TIME OF INJURY <u>M</u>		41. DESCRIBE HOW INJURY OCCURRED	
41a. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41b. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A TRUE AND EXACT ORIGINAL COPY
REGISTERED AT THE OFFICE OF THE CLERK OF THE COUNTY OF KLAMATH

DATE ISSUED JUL 11 1991

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Neal G. Buchanan
of July A.D. 19 91 at 2:56 o'clock P M., and duly recorded in Vol. M91
of Deeds on Page 14642

FEE \$38.00

Evelyn Biehn County Clerk

By Pauline Mueller