34268 **CERTIFICATE OF DEATH** Vol M91 Page 17916

STATE OF CALIFORNIA

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Harold	Benedict	Steiner	December 8, 1985	0400

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Male	White	NO	March 16, 1918	67 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
NB	Joseph Francis Steiner - NB	Bertha Eve Winkler - NB

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME
USA	19 ___ TO 19 ___	505-07-4200	Married	Betty Nadine Lovins

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Sales Manager	35	Frito-Lay, Inc.	Food Manufacturer

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1664 Sapphire Dr.	92600	Perris

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Riverside	CA	Betty Nadine Steiner - Wife 1664 Sapphire Dr. Perris, CA 92370

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Residence	Riverside

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1664 Sapphire Dr.	Perris

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	cardiorespiratory failure	30 min
DUE TO, OR AS A CONSEQUENCE OF (B)	metastatic prostate cancer	8 yrs.
DUE TO, OR AS A CONSEQUENCE OF (C)	Prostate cancer	10 yrs.

24. WAS DEATH REPORTED TO CORONER? Yes - M01224

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: none

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No DATE: —

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
12/2/85	12/6/85

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Peter P. Saroff MD — 28C. DATE SIGNED: 12/9/85 — 28D. PHYSICIAN'S LICENSE NUMBER: C-017013

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Peter P. Saroff, M.D., 995 E. St. John Pl., Hemet, CA 92343

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE — 35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	December 11, 1985	Perris Valley Cemetery, Perris, CA	6809

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Evans-Braun Perris Mortuary	F 839		December 10, 1985

STATE REGISTRAR: A. — B. — C. — D. — E. — F.

VS-11(1-85) * * * * * * * * * * * * * * * * This must be in red to be a "CERTIFIED COPY" * * * * * * * * * * * * * * * *

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

DEC 12 1985

Date Of Amendments, if any _____

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

Edward J. Gallagher, M.D.
Director of Health & Local Registrar

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE, CAL.

DOH-VS-004(REV 8/85)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert Childers the 9th day of Sept. A.D., 19 91 at 2:37 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 17916.

Evelyn Biehn County Clerk
By Pauline Muldrow

FEE $8.00

Return: Robert Childers
1836 Logan, Klamath Falls, Or. 97603

SEP 9 PM 2 37

F 1915
I.D. TAG NO. 313
Local File Number

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

136
State File Number

DECEDENT

1. DECEDENT'S NAME: First: Frank; Middle: H.; Last: MC CORNACK
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): September 2, 1991
4. SOCIAL SECURITY NUMBER: 543-10-3059
5a. AGE - Last Birthday (Years): 82
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, Oregon
7. DATE OF BIRTH (Month, Day, Year): February 1, 1909
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 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.): Fire Warden
10b. KIND OF BUSINESS/INDUSTRY: Fire Protection
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Helen M. McCornack
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2571 Lakeshore Drive
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, 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): ; College (1-4 or 5+): 2

PARENTS

17. FATHER - NAME first middle last: Frank H. McCornack, Sr
18. MOTHER - NAME first middle maiden: Rosa N. Wolfe
19. INFORMANT - NAME and relationship to deceased: Helen M. McCornack, wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ 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

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Merrill Ford
21b. LICENSE NUMBER (If licensed): 3329
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Oregon 97601
23. DATE FILED (Month, Day, Year): SEP 4 1991
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 12:54 A. M
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): Kenneth K. Magee M.D.
30. DATE SIGNED (Month, Day, Year): September 3, 1991

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) Recurrent Pneumonia, organism unknown — Interval between onset and death: Weeks
(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: Senile Dementia + Advanced Parkinsons Disease
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

45-2 REV. 1-88

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

DATE ISSUED SEP 4 1991

ORIGINAL - VITAL STATISTICS COPY

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Helen McCornack the 9th day of Sept. A.D., 19 91 at 2:40 o'clock P.M., and duly recorded in Vol. M91, of Deeds on Page 17917

FEE $8.00

Evelyn Biehn, County Clerk
By Pauline Mullendore

Return: Helen McCornack
2571 Lakeshore, Klamath Falls, Or. 97601

CERTIFICATION OF VITAL RECORD

103117 — I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

317 — Local File Number

136- — State File Number

DECEDENT

1. DECEDENT'S NAME: First: Jacoba; Middle: Cornelia; Last: PENA
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): Sept. 4, 1991
4. SOCIAL SECURITY NUMBER: 558/82/9977
5a. AGE - Last Birthday (Years): 57
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Holland
7. DATE OF BIRTH (Month, Day, Year): Nov. 2, 1933
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 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.): Housewife
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Joseph
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Chiloquin
13d. STREET AND NUMBER: HC 30, Box 127D
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97624
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, 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): 9; College (1-4 or 5+):

PARENTS

17. FATHER - NAME first middle last: Cornelius - Bas
18. MOTHER - NAME first middle maiden: Jacoba - Kers
19. INFORMANT - NAME and relationship to deceased: Eric Jongkind - Son

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ 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: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): SEP 6 1991
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

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2035 M
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)
30. DATE SIGNED (Month, Day, Year): September 5, 1991

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert Bohnen, MD / 2610 Uhrmann Road / Klamath Falls, Oregon / 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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) Uncontrolled bleeding — Interval between onset and death: 2 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(b) Idiopathic Thrombocytopenic purpura — Interval between onset and death: 1 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: None

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 Ooccurred
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 REPRODUCTION OF THE RECORD ON FILE — VITAL STATISTICS COPY
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: SEP 6 1991

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

45-2 REV. 89

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Joe Pena the 9th day of Sept. A.D., 19 91 at 2:40 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 17918.

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $8.00

Return: Joe Pena
HC 30, Box 127D, Chiloquin, Or. 97624