CERTIFICATION OF VITAL RECORDS

34606

OREGON HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

MC 26201

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UIT 082555 I.D. TAG NO.

498 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

136- 90-022593 State File Number

1. DECEDENT'S NAME: First: Hubert	Middle: —	Last: VANDERHOFF	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): November 25, 1990	
4. SOCIAL SECURITY NUMBER: 542-03-9519	5a. AGE - Last Birthday (Years): 88	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Min.	6. BIRTHPLACE (City and State or Foreign Country): Antigo, Wisconsin	7. DATE OF BIRTH (Month, Day, Year): April 24, 1902
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): Certified Lumber Grader	10b. KIND OF BUSINESS/INDUSTRY: Lumber Manufacturing	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Erna Bertha		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 3843 Clinton Avenue		
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97603	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): 8 College (1-4 or 5+):	
17. FATHER: First / middle / last: Nelson — Vanderhoff	18. MOTHER - NAME: first / middle / maiden: Anna — Tichacek	19. INFORMANT - NAME and relationship to deceased: Erna Bertha Vanderhoff, wife			
20a. METHOD OF DISPOSITION: ☒ 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, OR 97603			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jesse L. Tadeo, Jr.	21b. LICENSE NUMBER (Of Licensee): 53-0124	22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194			
23. DATE FILED (Month, Day, Year): NOV 26 1990	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				

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0535 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): MD	
30. DATE SIGNED (Month, Day, Year): November 26, 1990	

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): Earle M. LeVerneis, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, eg. Cardiac or Respiratory Arrest.

		Interval between onset and death
PART I (a)	Cardio Resp Failure	Terminal
DUE TO, OR AS A CONSEQUENCE OF: (b)	MILAT CA	Interval between onset and death 2 yrs
DUE TO, OR AS A CONSEQUENCE OF: (c)	Cirrhosis of B.T. Colon	Interval between onset and death 3½ yrs

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?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☒ No ☐ Probably ☐ Unk	☐ Yes ☒ No	☐ Yes ☐ No ☐ Alt

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

'91 SEP 12 PM 4 21

Return: Roger Vanderhoff 6415 Hemsdale Road Klamath Falls OREGON 97603

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 SEP 11 1991

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title the 13 day of Sept A.D., 19 91 at 4:21 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 18556.

Evleyn Biehn County Clerk

FEE 8.00 By Pauline Melendez