

CERTIFICATION OF VITAL RECORD

F-4041
I.D. TAG NO. 39
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

State File Number

1. DECEDENT'S NAME: First Christine Middle M.P. Last MINIARD

2. SEX: F

3. DATE OF DEATH (Month, Day, Year): January 18, 1992

4. SOCIAL SECURITY NUMBER: 452-66-7393

5a. AGE Last Birthday (Years): 58

5b. Under 1 Year: Mos. Days

5c. Under 1 Day: Hours Mins.

6. BIRTHPLACE (City and State or Foreign): Speicher, Germany

7. DATE OF BIRTH (Month, Day, Year): October 14, 1933

8. PLACE OF DEATH (Check only one): ☒ Hospital ☐ Inpatient ☐ Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

9. CITY, TOWN, OR LOCATION OF DEATH: Bonanza

10. COUNTY OF DEATH: Klamath

11. MARITAL STATUS - ☒ Married ☐ Never Married ☐ Widowed ☐ Divorced (Specify)

12. SPOUSE (If Married, Widowed, Divorced) (Specify): Johnny Robert Miniard

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Bonanza

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes

15. RACE: American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (8-12) College (14 or 16)

17. FATHER - NAME first middle last: Alfred - Reh

18. MOTHER - NAME first middle maiden: Francisca - Muller

19. INFORMANT - NAME and relationship to decedent: Johnny R. Miniard, husband

20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service

21. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

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): JAN 21 1992

24. REGISTRAR'S SIGNATURE: Charlene Barcus

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27. TIME OF DEATH: 15:30 P.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.

30. DATE SIGNED (Month, Day, Year): January 20, 1992

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Ralph A. Breitenstein, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601

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

33. 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.)

34. INTERVAL BETWEEN ONSET AND DEATH: 10 min

35. INTERVAL BETWEEN ONSET AND DEATH: 1 day

36. INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

37. AUTOPSY: ☐ Yes ☒ No

38. IF YES, was it contributory to death? ☐ Yes ☒ No

39. IF YES, was it contributory to death? ☐ Yes ☒ No

40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Accident ☐ Suicide ☐ Homicide ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year):

41b. TIME OF INJURY:

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):

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

STATE OF OREGON: COUNTY OF KLAMATH: \$5.

Filed for record at request of Johnny Miniard the 24th day
of Jan. A.D., 1992 at 2:40 o'clock P.M., and duly recorded in Vol. 1581
of Deeds on Page 1581
By Evelyn Biehn County Clerk
By Pauline Mullenbore

FEE \$8.00

Return: Johnny Miniard

Rt. 2, Box 167, Bonanza, Or. 97623