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OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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64459 — I.D. TAG NO.

153 — Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit

CERTIFICATE OF DEATH

136- 90-006213 — State File Number

1. DECEDENT'S NAME: Marvin (First) (Middle) RHEINHOLDT (Last)
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 22, 1990
4. SOCIAL SECURITY NUMBER: 543-28-4568
5a. AGE - Last Birthday (Years): 60
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Ponca, Nebraska
7. DATE OF BIRTH (Month, Day, Year): August 12, 1929
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): St. Charles Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Bend
9d. COUNTY OF DEATH: Deschutes
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Technician
10b. KIND OF BUSINESS/INDUSTRY: Communications
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Sonya
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Deschutes
13c. CITY, TOWN, OR LOCATION: Bend
13d. STREET AND NUMBER: 63920 Quail Haven Drive
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97701
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): 2 — College (1-4 or 5+):
17. FATHER - NAME first middle last: Albert Rheinholdt
18. MOTHER - NAME first middle maiden: Irene Johnson
19. INFORMANT - NAME and relationship to deceased: Sonya Rheinholdt Wife
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Pilot Butte Cemetery
20c. LOCATION - City or Town, State: Bend, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NUMBER (Of Licensee): 3331
22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701
23. DATE FILED (Month, Day, Year): March 26, 1990
24. REGISTRAR'S SIGNATURE: Jacqueline Mathis, Dep
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: 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)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: 1637 M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 3-22-90 1637 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) William R. Lee, M.D.
33. DATE SIGNED (Month, Day, Year): March 22, 1990 — COUNTY: Deschutes

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): William R. Lee, M. D. 2275 N. E. Doctor's Drive Bend, OR 97701
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, e.g. Cardiac or Respiratory Arrest.
PART I (a) Acute Myocardial Infarction — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic Heart Disease — Interval between onset and death
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 1.

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 ☐ Pnd

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
4505

'92 FEB 19 AM 11 58

AFTER RECORDING RETURN TO:
Leonard J. Serdar
4567 Petty John Road, Salem, OR 97306

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 DEC 10 1991

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 19th day of Feb. A.D., 1992 at 11:58 o'clock AM., and duly recorded in Vol. M92 of Deeds on Page 3350.

FEE $10.00

Evelyn Biehn - County Clerk
By Pauline Mullendore