

CERTIFICATION OF VITAL RECORD

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

Vol. 92 Page 11438

094025
I.D. TAG NO.
15384
230
Local File Number

State File Number

1. DECEDENT'S NAME William Paul BREITHAULT		2. SEX M	3. DATE OF DEATH (Month, Day, Year) May 23, 1992
4. SOCIAL SECURITY NUMBER 544-38-8525		5a. AGE Last Birthday 77	5b. Under 1 Year 77
6. BIRTHPLACE (City and State or Foreign Country) Kennnewick, WA		7. DATE OF BIRTH (Month, Day, Year) January 18, 1915	
8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Foster Care			
9a. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9b. COUNTY OF DEATH Klamath	
10. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Real Estate Broker			
11. KIND OF BUSINESS/INDUSTRY Agricultural / Residential Real Estate		12. MARITAL STATUS (Specify) Married	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN OR LOCATION Klamath Falls		13d. STREET AND NUMBER 3405 Patterson Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) NO		15. RACE (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (14 or 5+)		17. FATHER - NAME first middle last William John Breithaupt	
18. MOTHER - NAME first middle maiden Mary Etta Hinkle		19. INFORMANT - NAME and relationship to deceased (Specify only highest grade completed) Marilyn A. Breithaupt Wife	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Laki Cemetery		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael Oka</i>	
22. LICENSE NUMBER (Of licensee) 47-3287		23. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601	
24. DATE FILED (Month, Day, Year) MAY 27 1992		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 8:00 A.M.	
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> YES <input checked="" 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) <i>James M. Novak</i> M.D.	
30. DATE SIGNED (Month, Day, Year) MAY 27 1992		31. DATE SIGNED (Month, Day, Year) MAY 27 1992	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) James Novak, M.D. 1905 Main Street Klamath Falls, Oregon 97601		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)		35. INTERVAL BETWEEN ONSET AND DEATH	
(a) Alzheimer's Disease		4 yrs	
(b) Atherosclerotic Heart Disease			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
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		37. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. DATE OF INJURY (Month, Day, Year)		39. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
40. TIME OF INJURY M		41. YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
41a. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		42. DESCRIBE HOW INJURY OCCURRED	
43. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED **MAY 27 1992**

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



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Marilyn Breithaupt the 27th day of May A.D. 19 92 at 3:38 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 11438.

Evelyn Biehn, County Clerk

FEE \$10.00

Return: Marilyn Breithaupt
3405 Patterson, Klamath Falls, Or. 97603