

F 9486
I.D. TAG NO.
257
Local File Number

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

State File Number

DECEDENT

1
2
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5
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PARENTS

DISPOSITION

7
8
9

REGISTRAR

CERTIFIER

11
12
13
14

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

CAUSE OF
DEATH

15
16
17

1. DECEDENT'S NAME First: Ben Middle: O Last: WOLFRAM		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 6, 1992
4. SOCIAL SECURITY NUMBER 559-10-1184	5a. AGE Last Birthday (Years) 79	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Darien, Wisconsin		7. DATE OF BIRTH (Month, Day, Year) February 10, 1913	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. 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 type="checkbox"/> 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	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) State Potato Inspector		10b. KIND OF BUSINESS/INDUSTRY U.S. Dept. of Agriculture	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Evelyn	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Merrill	
13c. STREET AND NUMBER 104 N. Jefferson		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 5+) 2	
17. FATHER - NAME first middle last Fred - Wolfram		18. MOTHER - NAME first middle maiden Bertha - Krantz	
19. INFORMANT - NAME and relationship to deceased Evelyn Wolfram - Spouse		20. LOCATION - City or Town, State Klamath Falls, OR.	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Mauseoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Eternal Hills Crematory		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Crematory	
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY Jim Lancaster		22b. LICENSE NUMBER (Of Licensee) 3224	
23. DATE FILED (Month, Day, Year) JUN 09 1992		24. REGISTRAR'S SIGNATURE Charles Robinson	
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 1:20 A M <input type="checkbox"/> P M <input checked="" type="checkbox"/> No			
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) Charles D. Bury			
30. DATE SIGNED (Month, Day, Year) June 8 1992			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles D. Bury, MD - 2300 Clairmont - 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.) PART I (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Myocardial ASFD. DUE TO, OR AS A CONSEQUENCE OF: (c) Diabetic Mellitus			
34. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.			
35. 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 <input type="checkbox"/> Homicide		36. DATE OF INJURY (Month, Day, Year)	
37. TIME OF INJURY M <input type="checkbox"/> P <input checked="" type="checkbox"/> No		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		40. DESCRIBE HOW INJURY OCCURRED	
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)		42. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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JUN 09 1992

DATE ISSUED

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

45-2 Rev. 7/91

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Evelyn Wolfram the 16th day of June A.D., 19 92 at 2:27 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 13240.

Evelyn Biehn, County Clerk

FEE \$10.00

Return: Evelyn Wolfram

P.O. Box 238, Merrill, Or. 97633

By Donna A. Verling