

CERTIFICATION OF VITAL RECORD

094039
I.D. TAG NO.
210
Local File Number

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

Page 17466

State File Number

1. DECEDENT'S NAME First: Thomas Middle: Loren Last: WINTERRINGER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) May 9, 1992
4. SOCIAL SECURITY NUMBER 540-20-2365		5a. AGE Last Birthday (Years) 68	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Vona, Colorado		7. DATE OF BIRTH (Month, Day, Year) March 10, 1924	
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 type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 4400 Altamont Drive		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath		10. DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired) Supervisor Draftsman	
10b. KIND OF BUSINESS/INDUSTRY Civil Service		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed, Divorced) (Specify) Shirley Winterringer		13a. RESIDENCE - STATE Oregon	
13b. COUNTY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls	
13d. STREET AND NUMBER 4400 Altamont Drive		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 (0-12) College (14 or 5+) 2	
17. FATHER - NAME first middle last Thomas Henry Harrison Winterringer		18. MOTHER - NAME first middle maiden Bessie Clara Marshall	
19. INFORMANT - NAME and relationship to decedent Shirley Winterringer Spouse		20. 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) Klamath Memorial Park	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Rogers</i>		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year) MAY 12 1992		24. REGISTRAR'S SIGNATURE <i>Charles Barcus</i>	
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 9:25 P.M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input 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>[Signature]</i> M.D.			
30. DATE SIGNED (Month, Day, Year) 5/12/92			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Sylvia Chatroux M.D. 2300 Clairmont Street 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) <i>Cardiac Pulmonary arrest</i>		Interval between onset and death <i>10 minutes</i>	
(b) <i>metabolic lung cancer</i>		Interval between onset and death <i>10 minutes</i>	
(c) <i>OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.</i>		Interval between onset and death	
34. 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		35. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
36. DATE OF INJURY (Month, Day, Year)		37. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. TIME OF INJURY M		39. IF YES were findings consistent in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40. DESCRIBE HOW INJURY OCCURRED	
41a. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41b. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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AUG 05 1992

DATE ISSUED

Donna C. Vining
DONNA C. VINING
COUNTY REGISTRAR
KLAMATH COUNTY OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mrs. Winterringer the 5th day of Aug. A.D., 19 92 at 2:29 o'clock P.M., and duly recorded in Vol. M92 of Deeds on Page 17466

Evelyn Biehn County Clerk
By *[Signature]*

FEE \$10.00
Return: Shirley Winterringer
4400 Altamont, Klamath Falls, Or. 97603