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F- 4048
I.D. TAG NO.
132
Local File Number

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

Vol. m92 Page 22895
136 State File Number

DECEDENT

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PARENTS

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REGISTRAR

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CERTIFIER

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CAUSE OF DEATH

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1. DECEDENT'S NAME: William Dene SCHOENBERG
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 16, 1992
4. SOCIAL SECURITY NUMBER: 543-34-0284
5a. AGE-Last Birthday (Years): 56
5b. Under 1 Year: Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country): Lakeview, Oregon
7. DATE OF BIRTH (Month, Day, Year): March 27, 1935
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): ☒ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ 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
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Oregon State Policeman
10b. KIND OF BUSINESS/INDUSTRY: Law Enforcement
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Linda Lee
13a. RESIDENCE - STATE: Oregon
13b. CITY, TOWN OR LOCATION: Klamath Falls
13c. STREET AND NUMBER: 7846 Donegal Avenue
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 (9-12) College (14 or 5+): 3
17. FATHER - NAME first middle last: Harry E. Schoenberg
18. MOTHER - NAME first middle maiden: Edna Fay Grisel
19. INFORMANT - NAME and relationship to decedent: Linda Lee Schoenberg, wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]
21b. LICENSE NUMBER (Of Licensee): 53-0124
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): MAR 16 1992
24. REGISTRAR'S SIGNATURE: [Signature]
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
27. TIME OF DEATH: 12:45 P M ☐ Yes ☒ No
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): Carl Fellows MD
30. DATE SIGNED (Month, Day, Year): March 16, 1992
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Carol Fellows, MD, 2610 Uhrmann Road, 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 death, e.g. Cardiac or Respiratory Arrest.)
PART I (a) Squamous Cell carcinoma of the lung
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
34. MANNER OF DEATH: ☒ Natural ☐ Pending investigation ☐ Undetermined ☐ Suicide ☐ Homicide
35a. DATE OF INJURY (Month, Day, Year):
35b. TIME OF INJURY: M ☐ Yes ☒ No
35c. INJURY AT WORK? ☐ Yes ☒ No
36. DESCRIBE HOW INJURY OCCURRED:
37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY: ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☒ N/A
40. LOCATION (Street and Number or Rural Route Number, City or Town, State):

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

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

DATE ISSUED: MAR 17 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 Linda Schoenberg the 1st day of Oct. A.D., 19 92 at 9:49 o'clock A.M., and duly recorded in Vol. m92 of Deeds on Page 22899.

Evelyn Biehn - County Clerk

By [Signature]

FEE \$10.00

Return: Linda Schoenberg
7846 Donegal, Klamath Falls, Or. 97603