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CERTIFICATION OF VITAL RECORD

094353
I.D. TAG NO.
083
Local File Number

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

136- State File Number

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Harold Lloyd HALTERMAN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 16, 1993
4. SOCIAL SECURITY NUMBER: 119-22-2983
5a. AGE-Last Birthday (Years): 72
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): Hardin, Missouri
7. DATE OF BIRTH (Month, Day, Year): July 27, 1920
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ☐ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home X Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 7777 Tingley Lane
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.): Civil Engineer
10b. KIND OF BUSINESS/INDUSTRY: U.S. Civil Service
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Josephine Halterman
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 7777 Tingley Lane
13e. INSIDE CITY LIMITS? ☐ Yes X No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) X 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): 12; College (1-4 or 5+):

PARENTS

17. FATHER - NAME (first, middle, last): Isaac Calvin Halterman
18. MOTHER - NAME (first, middle, maiden): Etta Mae Halterman

DISPOSITION

19. INFORMANT - NAME and relationship to deceased: Josephine Halterman Spouse
20a. METHOD OF DISPOSITION: ☐ Burial X Cremation ☐ Removal from State ☐ Mausoleum ☐ 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: James A. Riggs
21b. LICENSE NUMBER (Of Licensee): 52-0297
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601

REGISTRAR

23. DATE FILED (Month, Day, Year): FEB 19 1993
24. REGISTRAR'S SIGNATURE: Charla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES X NO ☐ N/A
26. WAS GIFT MADE? ☐ YES X NO ☐ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 5:55 P M
28. WAS MEDICAL EXAMINER NOTIFIED? X 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): Dale McDowell M.D.
30. DATE SIGNED (Month, Day, Year): 2/17/93

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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)
33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dale S. McDowell M.D. 2600 Campus Drive Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

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

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

PART I	Cause	Interval between onset and death
(a)	VENTRICULAR TACHYARRHYTHMIA	MINUTES
(b) DUE TO, OR AS A CONSEQUENCE OF:	LEFT VENTRICULAR DYSFUNCTION	YEARS
(c) DUE TO, OR AS A CONSEQUENCE OF:	CORONARY ATHEROSCLEROSIS WITH PRIOR MYOCARDIAL INFARCT	YEARS

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I

37. Did tobacco use contribute to the death? ☐ Yes X Probably ☐ No ☐ Unknown
38. AUTOPSY: ☐ Yes X No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A
40. MANNER OF DEATH: X 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

45a Rev 7/91

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STATE OF OREGON 1859 (seal)

DATE ISSUED: FEB 19 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON (seal)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Josephine Halterman the 7th day of May A.D., 19 93 at 3:04 o'clock P M., and duly recorded in Vol. M93 of Deeds on Page 10179

FEE $10.00

Evelyn Biehn County Clerk
By [signature]

Return: Josephine Halterman, 7777 Tingley Lane, Klamath Falls, Or 97603