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Vol. M93 Page 11604

CERTIFICATION OF VITAL RECORD

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

38 TAG NO. 223 Local File Number

136 State File Number

DECEDENT

1. DECEDENT'S NAME: First: Cecile; Middle: Lorraine; Last: VANDENBERG
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): May 10, 1993
4. SOCIAL SECURITY NUMBER: 540-42-8211
5a. AGE-Last Birthday (Years): 56
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Klamath Falls, Oregon
7. DATE OF BIRTH (Month, Day, Year): July 21, 1936
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 1408 Arthur, Apt. C
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.): Teacher
10b. KIND OF BUSINESS/INDUSTRY: Education
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Never Married
12. SPOUSE (If Married, Widowed):
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1408 Arthur, Apt. C
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97603
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ 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): ; College (1-4 or 5+): 5

PARENTS

17. FATHER - NAME first middle last: David R. Vandenberg
18. MOTHER - NAME first middle maiden: Veronica - McCawley
19. INFORMANT - NAME and relationship to deceased: Mary Neitling, Sister

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Mausoleum ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Calvary Cemetery
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James K. Ward
21b. LICENSE NUMBER (Of Licensee): 3409
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): MAY 18 1993
24. REGISTRAR'S SIGNATURE: Charla Robinson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: ± 1200 M
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): James N. Beggs MD
30. DATE SIGNED (Month, Day, Year): 5/11/93

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): James N. Beggs, MD, 2300 Clairmont, Klamath Falls, OR 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

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.
PART I (a) Ventricular Natural causes — Interval between onset and death: immediate
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Arteriosclerosis

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. MANNER OF DEATH: ☒ 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

ORIGINAL — VITAL STATISTICS COPY

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

45-2 Rev 7/91

DATE ISSUED: MAY 18 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Stanley Neitling the 21st day of May A.D., 19 93 at 2:17 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 11604.

FEE $10.00

RETURN: Stan Neitling
9576 Greenbriver Dr., Klamath Falls, Or 97603

Evelyn Biehn · County Clerk
By Darlene Mulendore

SCHEDULE "A"

A TRACT OF LAND SITUATED IN THE E1/2NE¼SW¼ (GOVERNMENT LOT 4) OF SECTION 8, T38S, R8EWM, KLAMATH COUNTY, OREGON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

THAT PORTION OF SAID E½NE¼SW¼ LYING BETWEEN THE NORTHERLY RIGHT OF WAY LINE OF STATE HIGHWAY 140 AND THE FOLLOWING DESCRIBED LINE. BEGINNING AT A POINT ON THE NORTHERLY RIGHT OF WAY LINE OF SAID HIGHWAY 140 FROM WHICH THE N1/4 CORNER OF SAID SECTION 8 BEARS N02°03'29"E 3694.89 FEET; THENCE N42°44'W, ALONG AN EXISTING FENCE LINE AND IT'S EXTENSION, 713 FEET, MORE OR LESS, TO A POINT ON THE WEST LINE OF SAID E½NE¼SW¼, CONTAINING 2.6 ACRES, MORE OR LESS, AND WITH BEARINGS BASED ON THE CENTER LINE OF SAID HIGHWAY 140 BEING N83°37'13"W, AS SHOWN ON RECORD OF SURVEY No. 4035, SEE SHEET 2 OF 3 SHEETS.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 21st day of May A.D., 19 93 at 2:17 o'clock P M., and duly recorded in Vol. M93, of Mortgages on Page 11605.

FEE $15.00

Evelyn Biehn County Clerk

By Pauline Mullendore