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CERTIFICATE OF VITAL RECORD

348 Local File Number

CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- State File Number

1. DECEDENT'S NAME: First KEITH; Middle LAWRENCE; Last RUCONICH
2. SEX: MALE
3. DATE OF DEATH (Month, Day, Year): JULY 24, 1993
4. SOCIAL SECURITY NUMBER: 541-09-9304
5a. AGE Last Birthday (Years): 80
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): OREGON CITY, OREGON
7. DATE OF BIRTH (Month, Day, Year): DECEMBER 4, 1912
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [ ] No
9a. PLACE OF DEATH (Check only one): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; 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.): MEAT CUTTER
10b. KIND OF BUSINESS/INDUSTRY: FOOD
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): MARRIED
12. SPOUSE (If Married, Widowed): HELEN RUCONICH
13a. RESIDENCE - STATE: OREGON
13b. COUNTY: KLAMATH
13c. CITY, TOWN OR LOCATION: KLAMATH FALLS
13d. STREET AND NUMBER: 3217 RAYMOND
13e. INSIDE CITY LIMITS? [ ] Yes [X] No
13f. ZIP CODE: 97603
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+):
17. FATHER - NAME first middle last: LAWRENCE JOHN RUCONICH
18. MOTHER - NAME first middle maiden: BESS F. MILLS
19. INFORMANT - NAME and relationship to deceased: HELEN RUCONICH - SPOUSE
20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): ETERNAL HILLS MEMORIAL GARDENS
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): 93-49-1363
22. NAME, ADDRESS AND ZIP OF FACILITY: ETERNAL HILLS FUNERAL HOME 4711 HIGHWAY 39, KLAMATH FALLS, OREGON 97603
23. DATE FILED (Month, Day, Year): JUL 27 1993
24. REGISTRAR'S SIGNATURE: Charlene Barcus
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? [ ] YES [X] NO [ ] N/A
26. WAS GIFT MADE? [ ] YES [X] NO [ ] N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 2:03 A.M.
28. WAS MEDICAL EXAMINER NOTIFIED? [ ] Yes [X] 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): 7/27/93

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 MC DOWELL M.D. 2600 CAMPUS DRIVE KLAMATH FALLS, OREGON 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): ALDEN GLIDDEN M.D.

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

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
PART I (a) VENTRICULAR TACHYCARDIA — Interval between onset and death: 45 MIN
DUE TO, OR AS A CONSEQUENCE OF: (b) ISCHEMIC HEART DISEASE — Interval between onset and death: 7 YRS
DUE TO, OR AS A CONSEQUENCE OF: (c) CORONARY ATHEROSCLEROSIS — Interval between onset and death: YEARS
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: CONGESTIVE HEART FAILURE
37. Did tobacco use contribute to the death? [ ] Yes [ ] Probably [ ] No [X] 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

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45.2 Rev. 7/91

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DATE ISSUED: JUL 27 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Helen Ruconich the 2nd day of Aug. A.D., 19 93 at 2:48 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 18992.

Evelyn Biehn County Clerk

FEE $10.00

By [signature]

Return: Helen Ruconich,3217 Raymond, Klamath Falls,Or.97603