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08-31-93A11:04 RCVD

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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136-
CERTIFICATE OF DEATH

State File Number

124286
I.D. TAG NO.

Local File Number

214

DECEDENT

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1. DECEDENT'S NAME First: Wilfred Middle: Francis Last: SCHMITZ		2. SEX male	3. DATE OF DEATH (Month, Day, Year) July 19, 1993
4. SOCIAL SECURITY NUMBER 544-03-4225		5a. AGE-Last Birthday (Year) 73	5b. Under 1 Year Mos. Days Hours Mins.
6. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other		7. DATE OF BIRTH (Month, Day, Year) October 4, 1919	
8. BIRTHPLACE (City and State or Foreign Country) Osmond, Nebraska		9. COUNTY OF DEATH Washington	
10. DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) married	
12. SPOUSE (If Married, Widowed) Esther Oetjen		13. STREET AND NUMBER 2093 Astor Way	
14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Jeweler		15. RACE American Indian, Black, White, etc. (Specify) white	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12		17. INFORMANT - NAME and relationship to deceased Esther Schmitz - spouse	
18. FATHER - NAME first middle last William Schmitz		19. MOTHER - NAME first middle maiden Tillie Berens	
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)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lane Memorial Gardens	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Charles B. Bennett</i>		23. LICENSE NUMBER (Of licensee) 47 3092	
24. NAME, ADDRESS AND ZIP OF FACILITY Cornwell Colonial Chapel 390 N. Second St. Woodburn, OR 97071		25. REGISTRAR'S SIGNATURE <i>Priscilla E. Bennett</i>	
26. DATE FILED (Month, Day, Year) JUL 30 1993		27. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
28. TIME OF DEATH 23:48 P M		29. DATE PRONOUNCED DEAD (Month, Day, Year) M	
30. DATE SIGNED (Month, Day, Year) 7/23/93		31. DATE SIGNED (Month, Day, Year) M	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Thomas P. Anderson, MD 9370 SW Greenberg Road, Portland, Oregon 97223		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. 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)		Interval between onset and death 30 min	
35. OTHER SIGNIFICANT CONDITIONS Contributing to death (Include all conditions contributing to death, including pre-existing conditions, if any, and the mode of dying, e.g. Cardiac or Respiratory Arrest)		Interval between onset and death	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
38. AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. DATE OF INJURY (Month, Day, Year) N/A		41. TIME OF INJURY M	
42. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify) N/A		43. DESCRIBE HOW INJURY OCCURRED	
44. LOCATION (Street and Number or Rural Route Number, City or Town, State)		45. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

ORIGINAL VITAL STATISTICS COPY

45-2 Rev 4-92

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

DATE ISSUED AUG 02 1993

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Esther Schmitz the 31 day
of Aug A.D. 1993 at 11:04 o'clock a M., and duly recorded in Vol. M93
Ret: Evelyn Biehn on Page 22011
By Pauline Mulendse County Clerk

FEE 10.00

Esther Schmitz
2093 Astor Way
Woodburn, Ore 97071