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CERTIFICATION OF VITAL RECORD

1. DECEDENT'S NAME: First: William; Middle: Thomas; Last: LENNINGER
2. SEX: Male
3. DATE OF DEATH: October 4, 19
4. SOCIAL SECURITY NUMBER: 540-18-0224
5a. AGE-Last Birthday (Years): 72
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): East Peoria, Illinois
7. DATE OF BIRTH: November 4, 1920
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? X Yes ☐ No
9a. PLACE OF DEATH: ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME: 5819 Winter Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION: Mill Worker
10b. KIND OF BUSINESS/INDUSTRY: Lumber
11. MARITAL STATUS: Married
12. SPOUSE: Mildred Lenninger
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 5819 Winter Avenue
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): 8; College (1-4 or 5+):
17. FATHER - NAME first middle last: Joseph - Lenninger
18. MOTHER - NAME first middle maiden: Sarah - Coffelt
19. INFORMANT - NAME and relationship to deceased: Mildred Lenninger - Spouse
20a. METHOD OF DISPOSITION: ☐ Burial X Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify):
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Eternal Hills Crematory
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Ewald A. Wirz
21b. LICENSE NUMBER (Of Licensee): 03-49-1363
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 Highway 39, Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): OCT 05 1993
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO X N/A
26. WAS GIFT MADE? ☐ YES ☐ NO X N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 7:00 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): Glenn Gallis M.D.
30. DATE SIGNED (Month, Day, Year): 10/4/93
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Glen G. Gallis M.D. 1905 Main Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

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

CAUSE OF DEATH

PART I
(a) RENAL FAILURE — Interval between onset and death: 3 YEARS
CUE TO, OR AS A CONSEQUENCE OF:
(b) ARTERIO SCLEROTIC VASCULAR DISEASE — Interval between onset and death: YEARS
CUE TO, OR AS A CONSEQUENCE OF:
(c) HYPERTENSION, SMOKING — 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: AORTIC STENOSIS, ANEURYSM

37. Did tobacco use contribute to the death? X Yes ☐ Probably ☐ No ☐ Unknown
38. AUTOPSY: ☐ Yes X No
39. Was decedent pregnant within past year? ☐ Yes ☐ No ☐ Unknown

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

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: OCT 05 1993

Charlene Barcus
CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mildred Lenninger the 11th day of Oct. A.D., 19 93 at 11:26 o'clock A M., and duly recorded in Vol. M93 of Deeds on Page 26410.

Evelyn Biehn County Clerk
By Pauline Henderson

FEE $10.00

Return: Mildred lenninger,5819 Winter,
Klamath Falls,Or.97603