CERTIFICATION OF VITAL RECORD

7232

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

Vol. M95 Page 27057

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

I.D. TAG NO 174481 — 136 —

Local File Number — State File Number

1. DECEDENT'S NAME: First: Louis; Middle: Joseph; Last: BECKHARDT
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): June 10,1995/Found
4. SOCIAL SECURITY NUMBER: 553-17-6742
5a. AGE-Last Birthday (Years): 36
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins
6. BIRTHPLACE (City and State or Foreign Country): San Jose, CA
7. DATE OF BIRTH (Month, Day, Year): November 16, 1958
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): 4036 S. E. Francis
9c. CITY, TOWN, OR LOCATION OF DEATH: Portland
9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Disabled
10b. KIND OF BUSINESS/INDUSTRY: Not Working
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Never Married
12. SPOUSE (If married, or formerly married): -
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN, OR LOCATION: Portland
13d. STREET AND NUMBER: 4036 SE Francis
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97206
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): 2; College (1-4 or 5+):
17. FATHER'S NAME: First: Louis; Middle: R.; Last: Beckhardt
18. MOTHER'S NAME: First: Mary; Middle: E.; Maiden: Canepa
19. INFORMANT'S NAME and relationship if deceased: Mary Beckhardt (Mother)
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Oregon Crematory
20c. LOCATION (City or Town, State): Portland, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Thom Blan
21b. LICENSE NUMBER (Of Licensee): 46 2205
22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home (OFS) 4711 Hwy # 39 Klamath Falls, Oregon 97603
23. DATE FILED (Month, Day, Year): JUN 15 1995
24. REGISTRAR'S SIGNATURE: Edward Johnson II
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 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)
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: Unknown M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): June 10, 1995 9:15P
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) Edward Johnson II
33. DATE SIGNED (Month, Day, Year): June 12, 1995
COUNTY: STATE OF OREGON

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): EDWARD WILSON, M. D., DEPUTY MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OREGON 9721
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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. Interval between onset and death
PART I (a) HANGED
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
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 ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH: ☐ Natural ☐ Accident ☒ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year): ? June 9-10,1995
41b. TIME OF INJURY: Unknown M
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. DESCRIBE HOW INJURY OCCURRED: Hanged by neck from rope
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify): Home
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 4036 S. E. Francis, Portland, OR

RESERVED FOR REGISTRAR'S USE: 95-1617

ORIGINAL-VITAL STATISTICS COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED JUN 15 1995

Edward J. Johnson II
STATE REGISTRAR

10-06-95P02:13 RCVD

WHEN RECORDED RETURN TO:
MIKE LONG
P.O. BOX 775
KLAMATH FALLS, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title Company the 6th day of October A.D., 19 95 at 2:13 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 27057.

Bernetha G. Letsch, County Clerk
By Annette Mueller

FEE $10.00