

201819
LD. TAG NO.OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Vol. 1995 Page 32180

9589

124
Local File Number

State File Number

1. DECEDENT'S NAME First: FERDINAND Middle: VINCENT Last: STEINMETZ			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) September 1, 1995	
4. SOCIAL SECURITY NUMBER 486-05-3306		5a. AGE-Last Birthday (Years) 76	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY KANSAS	
7. DATE OF BIRTH (Month, Day, Year) November 4, 1918			8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		
9a. FACILITY NAME (If not institution, give street and number) 01080 WINCHUCK RIVER ROAD			9b. CITY, TOWN, OR LOCATION OF DEATH BROOKINGS		
9c. COUNTY OF DEATH CURRY			10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) POSTAL CARRIER		
10b. KIND OF BUSINESS/INDUSTRY U.S. POSTAL SERVICE			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		
12. SPOUSE (If Married, Widowed) MARGARET STEINMETZ			13. STREET AND NUMBER 01080 WINCHUCK RIVER RD.		
13a. RESIDENCE - STATE Oregon		13b. COUNTY CURRY		13c. CITY, TOWN OR LOCATION BROOKINGS	
13d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE 97415		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes White	
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 10		17. INFORMANT - NAME and relationship to deceased MARGARET STEINMETZ, WIFE	
17a. FATHER - NAME first middle last FRANK A. STEINMETZ		17b. MOTHER - NAME first middle maiden EMMA J. MANCHION		18. LOCATION - City or Town, State BROOKINGS, OREGON	
19a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) LITTY CREMATORIUM		19b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) LITTY CREMATORIUM		20. LOCATION - City or Town, State BROOKINGS, OREGON	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Paul L. Litty</i>		21b. LICENSE NUMBER (Of Licensee) 47-3238		22. NAME, ADDRESS AND ZIP OF FACILITY LITTY FUNERAL DIRECTORS 517 RAILROAD AVE., BROOKINGS, OR 97415	
23. DATE FILED (Month, Day, Year) September 7, 1995		24. REGISTRAR'S SIGNATURE <i>Patricia R. Clay - Deputy</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH Fnd. 5:30 A. M.		28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <i>Paul L. Litty</i>					
30. DATE SIGNED (Month, Day, Year) 9/1/95					
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) JAY C. PATEL, M.D., 412 ALDER STREET BROOKINGS OR 97415					
32. 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					
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.)					
PART I (a) CA LUNG WITH METS		Interval between onset and death 6 mos			
(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.		37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY	
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. DESCRIBE HOW INJURY OCCURRED			
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

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ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: September 7, 1995

COUNTY REGISTRAR
CURRY COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Margaret Steinmetz the 24th day
of November A.D., 19 95 at 1:43 o'clock p. M., and duly recorded in Vol. M95
of Deeds on Page 32180

Bernetha G. Letsch, County Clerk

By Annette Mueller

FEE \$10.00