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217567 I.D. TAG NO.

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

04946 Local File Number

136- State File Number

1. DECEDENT'S NAME: First: William; Middle: Antone; Last: RENTZ
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Sept 24, 1996
4. SOCIAL SECURITY NUMBER: 540-18-8742
5a. AGE-Last Birthday (Years): 79
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Salem, OR
7. DATE OF BIRTH (Month, Day, Year): April 18, 1917
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9. 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): Dept of Veterans Affairs Medical Center
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.): Pastor/minister
10b. KIND OF BUSINESS/INDUSTRY: Ministry
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Winona J.
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Chiloquin
13d. STREET AND NUMBER: P.O. Box 1316
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97624
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): ; College (1-4 or 5+): 2
17. FATHER - NAME first middle last: Stephen - Rentz
18. MOTHER - NAME first middle maiden: Ethel - Harris
19. INFORMANT - NAME and relationship to deceased: Winona J. Rentz, wife
20a. METHOD OF DISPOSITION: ☒ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Haven of Rest Mausoleum Eternal Hills Memorial Gardens
20c. LOCATION - City or Town, State: Klamath Falls, OR 97603
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William F. Davenport
21b. LICENSE NUMBER (Of Licensee): CO-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): SEP 30 1996
24. REGISTRAR'S SIGNATURE:
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: 9:20 PM
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): David Dean
30. DATE SIGNED (Month, Day, Year): 9/25/96
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER: DAVID DEAN, M.D. Portland VA Medical Center 3710 SW US Veterans Hospital Road Portland, OR 97207
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

35. 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) Cerebral Vascular Accident — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Coronary Artery Bypass Surgery & Aortic — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Valve Replacement — 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. Hyper tension
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY ☐ Yes ☒ No
39. If YES were findings considered in determining 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)
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

Return to: Winona Rentz
P.O. Box 1316 Chiloquin, Or 97624

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

OCT 02 1996
DATE ISSUED:

Hilda Chaski Adams, MPH
HILDA CHASKI ADAMS, MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

45-2 Rev 2/96

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Winona Rentz the 7th day of October A.D., 1996 at 10:58 o'clock A. M., and duly recorded in Vol. M96, of Deeds on Page 31741.

Bernetha G. Letsch County Clerk
By Kathleen Ross

FEE $10.00