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

H-09767
L.D. TAG NO.
261
Local File Number

State File Number

1. DECEDENT'S NAME: Ernest L. WAGNER
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 14, 1997
4. SOCIAL SECURITY NUMBER: 544-09-3581
5a. AGE-Last Birthday (Years): 82
6. BIRTHPLACE (City and State or Foreign Country): Dorena, Oregon
DATE OF BIRTH (Month, Day, Year): April 18, 1915
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
PLACE OF DEATH (Check only one): Nursing Home
9c. FACILITY NAME: Plum Ridge Care Center
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION: Surveyor & Engineer
10b. KIND OF BUSINESS/INDUSTRY: State of Oregon, Department of Revenue
MARITAL STATUS: Married
12. SPOUSE: Irene V. Wagner
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
CITY, TOWN OR LOCATION: Klamath Falls
STREET AND NUMBER: 4540 Pack Drive
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
ZIP CODE: 97603
WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes
RACE: White
DECEDENT'S EDUCATION: College 4
17. FATHER - NAME: Samuel Lot Wagner
18. MOTHER - NAME: Minnie Balls
19. INFORMANT - NAME and relationship to decedent: Irene Wagner - Spouse
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION: Klamath Cremation Service
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b. LICENSE NUMBER: CO-3571
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): MAY 15 1997
24. REGISTRAR'S SIGNATURE: Evelyn Simonson
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ NA

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 4:00 P.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) David [signature] M.D.
30. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER
31. TIME OF DEATH
32. DATE PRONOUNCED DEAD (Month, Day, Year)
33. 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)
DATE SIGNED (Month, Day, Year)
COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: David H. Panossian, M.D. 1624 Daggett Avenue, Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
PART I (a) [illegible] — Interval between onset and death: [illegible]
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cardiomyopathy — Interval: [illegible]
DUE TO, OR AS A CONSEQUENCE OF:
(c) [illegible] — Interval: [illegible]
PART II. OTHER SIGNIFICANT CONDITIONS
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 ☐ Pending investigation ☐ Undetermined ☐ Other
41a. DATE OF INJURY
41b. TIME OF INJURY
41c. INJURY AT WORK
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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

[signature]
MARLENE BOEVING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

DATE ISSUED: MAY 15 1997

97 MAY 21 AM 10:55

STATE OF OREGON : COUNTY OF KLAMATH : ss.

Filed for record at request of Irene V. Wagner the 21st day of May A.D., 19 97 at 10:55 o'clock A.M., and duly recorded in Vol. M97 of Deeds on Page 15532.

Bernetha G. Letsch, County Clerk

by [signature]

FEE $10.00