CERTIFICATION OF VITAL RECORD

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MTC 41651-MS

PRINT IN PERMANENT BLACK INK

234993 I.D. TAG NO.

292 Local File Number

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

136- State File Number

'97 JUN 11 A9:01

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Lois	M.	VAN SIPE	Female	June 3, 1997

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year Mos. / Days	5c. Under 1 Day Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
540-36-3114	89			Wingville, WI	November 22, 1907

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): Klamath Regional Rehabilitation Center

9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9d. COUNTY OF DEATH: Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Homemaker	Own Home	Widowed	Louis E. Van Sipe

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Bonanza	P.O. Box 73

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
☒ Yes ☐ No	97633	☐ Yes ☒ No Specify	White	12	

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Ernest J. Heseltine	Isabel R. Calkins	Robert Hoylman - Leg Rep

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Bonanza Memorial Park	Bonanza, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
James D. Riggs	CO 3572	O'Hair's Funeral Chapel 515 Pine St, Klamath Falls, OR 97601

23. DATE FILED (Month, Day, Year) JUN 05 1997

24. REGISTRAR'S SIGNATURE Marlene Simmons

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: 7:00 AM

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) Jeri L Britsch M.D.

30. DATE SIGNED (Month, Day, Year) 6-4-97

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH AM PM

31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

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. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Jeri E. Britsch, M.D. 1905 Main Street, Klamath Falls, Oregon 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

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)	Non-healing Rt leg ulcer	4 mos
(b) DUE TO, OR AS A CONSEQUENCE OF:	Vascular insufficiency	>5 yrs
(c) DUE TO, OR AS A CONSEQUENCE OF:		

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Hypothyroidism Malnutrition
Depression Heart failure

37. Did tobacco use contribute to death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other; ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		AM PM	☐ Yes ☒ No	

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

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

DATE ISSUED: JUN 05 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Ameritite the 11th day of June A.D., 19 97 at 9:01 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 17823.

FEE

Return: James R. Chance
1505 Madison #67
KFO 97603

Bernetha G. Letsch, County Clerk
By Kathleen Ross