CERTIFICATION OF VITAL RECORD

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PERMANENT BLACK INK

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

156659 I.D. TAG NO
593 Local File Number
State File Number

'97 JUL -3 P2:02

1. DECEDENT'S NAME First: Bernice	Middle: Virginia	Last: LEHR	2. SEX: Female	3. DATE OF DEATH (Month, Day, Year): December 10, 1993	
4. SOCIAL SECURITY NUMBER: 544-24-1308	5a. AGE Last Birthday (Years): 67	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Malin, OR	7. DATE OF BIRTH (Month, Day, Year): October 11, 1926

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): Merle West Medical 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.): Bookkeeper	10b. KIND OF BUSINESS/INDUSTRY: Automotive	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): William A.		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Merrill
13d. STREET AND NUMBER: 329 East 1st Street (P.O. Box 766)		
13e. INSIDE CITY LIMITS? ☒Yes ☐No	13f. ZIP CODE: 97633	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): 12	College (1-4 or 5+):
17. FATHER - NAME first middle last: Arthur Michael McKoen	18. MOTHER - NAME first middle maiden: Frances - Brothanek	19. INFORMANT - NAME and relationship to deceased: William A. Lehr, husband
20a. METHOD OF DISPOSITION: ☐Mausoleum ☒Burial ☐Cremation ☐Removal from State ☐Donation ☐Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Malin Community Cemetery	20c. LOCATION - City or Town, State: Malin, OR 97632
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Jean C. Davenport	21b. LICENSE NUMBER (Of Licensee): 53-0124	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): DEC 14 1993	24. REGISTRAR'S SIGNATURE: Arlene Simonson	
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: 02:16 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): Thomas E. Klumpp	30. DATE SIGNED (Month, Day, Year): December 13, 1993

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. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Thomas Klump, MD, 2600 Clover, 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

PART I (a)	BRAIN STEM COMPRESSION	Interval between onset and death: 30 HRS.
(b) DUE TO, OR AS A CONSEQUENCE OF:	POST-OP CEREBELLAR HEMATOMA	Interval between onset and death: 30 HRS
(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? ☐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 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

After Recording - Return to:
Wm M Ganong
514 Walnut Ave
Klamath Falls OR
Charlene Barcus

ORIGINAL — VITAL STATISTICS COPY

45-2 Rev 7/91

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

DATE ISSUED: DEC 14 1993

CHARLENE BARCUS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of William Ganong the 3rd day of July A.D., 19 97 at 2:02 o'clock P.M., and duly recorded in Vol. M97, of Deeds on Page 20853.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Knox