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97 OCT 24 P2:30

STATE OF OREGON — CERTIFICATE OF DEATH — State File Number 136

1. DECEDENT'S NAME: Edward Theodore BLOFSKY Sr. | 2. SEX: Male | 3. DATE OF DEATH: April 1, 1997
4. SOCIAL SECURITY NUMBER: 506-03-5366 | 5a. AGE-Last Birthday (Years): 86 | 5b. Under 1 Year (Months, Days) | 5c. Under 1 Day (Hours, Minutes) | 6. BIRTHPLACE (City and State or Foreign Country): Beaman Grove, NB | 7. DATE OF BIRTH: February 3, 1911
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9a. PLACE OF DEATH: ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME: 2121 Madison Street | 9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls | 9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION: Custodian/Bus Driver | 10b. KIND OF BUSINESS/INDUSTRY: Klamath Co. School | 11. MARITAL STATUS: Married | 12. SPOUSE: Vivian Neely Blofsky
13a. RESIDENCE - STATE: Oregon | 13b. COUNTY: Klamath | 13c. CITY, TOWN OR LOCATION: Klamath Falls | 13d. STREET AND NUMBER: 2121 Madison Street
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No | 13f. ZIP CODE: 97603 | 14. WAS DECEDENT OF HISPANIC ORIGIN? ☐ Yes ☐ No | 15. RACE: White | 16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 8 | College (1-4 or 5+)
17. FATHER - NAME: Charles — Blofsky | 18. MOTHER - NAME: Elizabeth — Shold | 19. INFORMANT - NAME and relationship to deceased: Vivian Neely Blofsky
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) | 20b. PLACE OF DISPOSITION: Eternal Hills Memorial Gardens | 20c. LOCATION: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH | 21b. LICENSE NUMBER: AF - 1511 | 22. NAME, ADDRESS AND ZIP OF FACILITY: Eternal Hills Funeral Home, 4711 HWY 39; K-Falls, Oregon 97603
23. DATE FILED: APR 03 1997 | 24. REGISTRAR'S SIGNATURE
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ NA | 26. WAS GIFT MADE? ☐ YES ☒ NO ☐ NA

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1123 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) James N. Beggs M.D.
30. DATE SIGNED: 4/2/97

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M | 31b. DATE PRONOUNCED DEAD: 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 | COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: James N. Beggs, M.D. 2300 Clairmont Street; Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

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) Congestive Heart Failure — Interval between onset and death: 10 yrs
DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerotic Vascular Disease — Interval between onset and death: 10 yr
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Chronic LE venous Stasis

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 | 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

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DATE ISSUED: OCT 24 1997

Marlene Blevins
MARLENE BLEVINS
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Vivian Neely Blofsky the 24th day of October A.D., 19 97 at 2:30 o'clock P.M., and duly recorded in Vol. M97, of Deeds on Page 35088.

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Rose