CERTIFICATION OF VITAL RECORD

64192 Vol. M98 Page 29281

PRESS FIRMLY BLACK INK

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

I.D. TAG NO. 253668

Local File Number 334

136 State File Number

1. DECEDENT'S NAME: First Maria; Middle Alphonsine; Last HOFFMAN
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 10, 1998
4. SOCIAL SECURITY NUMBER: 543-32-3536
5a. AGE-Last Birthday (Years): 75
5b. Under 1 Year: Months / Days / Hours
5c. Under 1 Day: Min.
6. BIRTHPLACE (City and State or Foreign Country): Millen, Belgium
7. DATE OF BIRTH (Month, Day, Year): July 10, 1923
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): 435 North Polk Street
9b. CITY, TOWN, OR LOCATION OF DEATH: Merrill
9c. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Potato Processor
10b. KIND OF BUSINESS/INDUSTRY: Agriculture
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Warren Harding Hoffman
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY OR TOWN OR LOCATION: Merrill
13d. STREET AND NUMBER: 435 North Polk St., P.O. Box 163
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No
13f. ZIP CODE: 97633
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Mexican, Puerto Rican, Cuban, etc.) ☒ No ☐ Yes
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: Joseph Francesius Belo
18. MOTHER - NAME first middle last: Maria Genevieve Lucas
19. INFORMANT - NAME and relationship to deceased: Warren H. Hoffman, husband

DISPOSITION
20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, OR 97601

FUNERAL SERVICE LICENSEE
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Paul C. Tarquinio
21b. LICENSE NO. (If Licensee): FS-0124
22a. NAME, ADDRESS, 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): JUL 13 1998
REGISTRAR'S SIGNATURE: Nancy Kinnear

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN
27. TIME OF DEATH: 1440 (P.M.) ☐ Yes ☐ No
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No
29. TIME OF DEATH
30. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
31. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature)
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 OR MEDICAL EXAMINER (Type or Print): John J. Kleesman, MD, 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 STATED ON LINE
36. PART I (a) C.V.D. Disease
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)
Interval between onset and death: 2 days
Interval between onset and death:
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: Arteriosclerosis
37. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ Likely ☒ No
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
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - (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: JUL 13 1998

Nancy Kinnear
NANCY KINNEAR
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT RAISED SEAL AND SIGNATURE

STATE OF OREGON: COUNTY OF KLAMATH: ss

Filed for record at request of Warren Hoffman the 10th day of August A.D., 1998 at 1:57 o'clock P.M., and duly recorded in Vol. M98, of Deeds on Page 29281.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Kathleen Reese