69887 Vol M98 Page 42001

PERMANENT BLACK INK

H-07213
I.D. TAG NO.

528
Local File Number

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

136-
State File Number

1. DECEDENT'S NAME (First / Middle / Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Walter	James	SLUGA Sr.	Male	November 9, 1998

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)
301-10-4629	79			Caldwell, Ohio	March 30, 1919

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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
5055 Harlan Dr.	Klamath Falls	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)
Chief Master Sergeant	US Air Force	Widowed	Frances

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	5055 Harlan Dr

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)
☐ Yes ☒ No	97603	☐ No ☐ Yes Specify	White	Elementary/Secondary (0-12): 12 / College (1-4 or 5+):

17. FATHER - NAME (first, middle, last)	18. MOTHER - NAME (first, middle, maiden)	19. INFORMANT - NAME and relationship to deceased
Gasper - Sluga	Filipina Luisa Kovocec	Diane Freel - daughter

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)	Arlington National Cemetery	Arlington, Virginia

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. OREGON LICENSE NO. (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
[signature]	3607	Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601

23. DATE FILED (Month, Day, Year): NOV 12 1998

24. REGISTRAR'S SIGNATURE: [signature]

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?	31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
fnd 2230	☒ Yes ☐ No	M	M

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated.
Signature: [signature]

30. DATE SIGNED (Month, Day, Year): 11/10/98

31c. 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): F. Geoffrey Marx, MD 2614 Clover Klamath Falls, OR 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (If same, print)

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

30

PART I
a) Arteriosclerotic Cardiovascular Disease — Interval between onset and death: 12 yrs
DUE TO, OR AS A CONSEQUENCE OF:
b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
c)

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
Hypertension.

37. Did tobacco use contribute to the 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 ☐ Legal Intervention		M	☐ Yes ☐ No	

41a. 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: NOV 13 1998

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

T-48 COPY NOT VALID WITHOUT OFFICIAL STATE SEAL AND BORDER

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Robert Sluga the 17th day of November A.D., 19 98 at 2:48 o'clock P.M., and duly recorded in Vol. M98, of Deeds on Page 42001.

Return: Robert Sluga
2208 Marilyn Dr.
Papillion, NE 68046

Bernetha G. Letsch, County Clerk
By Kathleen Rossi

FEE $10.00