70559

Vol. M98 Page 43440

R-13298
I.D. TAG NO.

556
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: Ronald; Middle: Ilmar; Last: RINTA
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): November 19, 1996
4. SOCIAL SECURITY NUMBER: 558-40-9693
5a. AGE-Last Birthday (Years): 64
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Oakland, CA
7. DATE OF BIRTH (Month, Day, Year): July 8, 1934
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9. 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): 16512 Riveredge Rd
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.): Nuclear Physicist
10b. KIND OF BUSINESS/INDUSTRY: Linear Accelerator
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Sheral
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 16512 Riveredge Rd
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, etc.) ☐ No ☐ Yes Specify:
15. RACE - American Indian, Black, Asian, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 4
17. FATHER - NAME first middle last: Elmer Matias Rinta
18. MOTHER - NAME first middle maiden: Emaline Daisy Manca
19. INFORMANT - NAME and relationship to deceased: Sheral Rinta - Wife ✓
20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Los Gatos Memorial Park
20c. LOCATION - City or Town, State: San Jose, California
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
21b. LICENSE NO. (If Applicable): 9607
22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, Inc. 1945 Main, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): NOV 25 1998
24. REGISTRAR'S SIGNATURE
RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1945 M
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29. TIME OF DEATH: M
29a. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
22. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
30. DATE SIGNED (Month, Day, Year): 11-24-98
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): Robert N. Edwards, MD 4509 S. 6th, Suite 311, Klamath Falls, OR 97603
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): James N. Berns, MD

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

CAUSE OF DEATH

PART I (a) Atherosclerotic Coronary Artery Disease — Interval between onset and death: Years
(b) DUE TO, OR AS A CONSEQUENCE OF: Probable Myocardial Infarction — Interval between onset and death: Min-days
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Chronic Atrial-flutter, HTN — Interval between onset and death

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 (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

STATE OF OREGON

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR
ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: NOV 27 1998

THIS COPY NOT VALID WITHOUT ATTACHED STATE SEAL AND BORDER

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Sheral Rinta
of November A.D., 19 98 at 1:58 o'clock P. M., and duly recorded in Vol. M98
of Deeds on Page 43440
the 27th day

Return: Sheral Rinta
P.O. Box 539
Keno, Or. 97627

FEE $10.00

Bernetha G. Letsch, County Clerk
By Kathleen Rood