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LD. TAG NO.

313

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 Clifton Andrew ONGMAN			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 10, 1999
4. SOCIAL SECURITY NUMBER 543-10-4216		5a. AGE-Last Birthday (Years) 80	5b. Under 1 Year Mon. Days Hours Mins.	5c. Under 1 Day Hours Mins.
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			7. DATE OF BIRTH (Month, Day, Year) August 3, 1918	
8. PLACE OF DEATH (Check only one) ☐ HOME ☐ Hospital ☐ ER/Outpatient ☐ DOA ☐ OTHER			9. BIRTHPLACE (City and State or Foreign Country) Strathecona, MN	
10. FACILITY NAME (If not institution, give street and number) 10450 Hwy 99			11. COUNTY OF DEATH Klamath	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/Operator			13. KIND OF BUSINESS/INDUSTRY Retail Lumber	
14. RESIDENCE - STATE Oregon			15. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
16. RESIDENCE - CITY Klamath Falls			17. SPOUSE (If Married, Widowed, Divorced (Specify) Ilene Ongman	
18. RESIDENCE - ZIP CODE 97603			19. STREET AND NUMBER 10450 Hwy 39	
20. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☒ Yes			21. RACE American Indian, Black, White, etc. (Specify) White	
22. FATHER - NAME first middle last Victor Ongman			23. MOTHER - NAME first middle maiden Rose Moats	
24. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Other (Specify) ☐ Donation ☐ Other (Specify)			25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Laki Cemetery	
26. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			27. OREGON LICENSE NO. (Of Licensee) FS-0432	
28. DATE FILED (Month, Day, Year) JUN 14 1999			29. NAME, ADDRESS AND ZIP OF FACILITY O'Hair & Riggs Funeral Chapel 515 Pine St., Klamath Falls, OR 97601	
30. DATE SIGNED (Month, Day, Year) June 10, 1999			31. REGISTERED SIGNATURE <i>[Signature]</i>	

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

32. TIME OF DEATH 1:45 P.M.		33. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No	
34. To the best of my knowledge, death occurred at the time, date, place and cause stated. (Signature) <i>[Signature]</i> M.D.			
35. DATE SIGNED (Month, Day, Year) June 10, 1999			
36. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) F. Geoffrey Marx, M.D. 2614 Clover Street Klamath Falls, OR 97601			
37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
38. PART I a. RESPIRATORY FAILURE DUE TO OR AS A CONSEQUENCE OF COPD DUE TO OR AS A CONSEQUENCE OF Smoking		Interval between onset and death Instant	
b. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I. Lung Cancer metastatic to spine		Interval between onset and death 15 yrs	
39. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accidental ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Other		40. DATE OF INJURY (Month, Day, Year)	
41. TIME OF INJURY		42. INJURY AT WORK? ☐ Yes ☒ No	
43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		44. DESCRIBE HOW INJURY OCCURRED	
45. LOCATION (Street and Number or Rural Route Number, City or Town, State)		46. AUTOPSY 37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ Unknown ☐ No 38. If YES were findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A	

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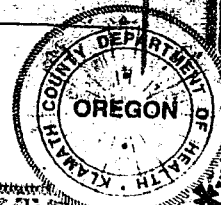
JUN 14 1999

DATE ISSUED:

THIS COPY NOT VALID WITHOUT REGISTRATION STATE SEAL AND NUMBER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

[Signature]
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



24261

State of Oregon, County of Klamath
Recorded 6/21/99, at 11:02 a m.

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Linda Smith,

County Clerk

Fee \$ 15 *KR*

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