CERTIFICATION OF VITAL RECORD

1999 JUN 21 AM 11:02

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PRINT IN PERMANENT BLACK INK

234749 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: Clifton	Middle: Andrew	Last: 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: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Strathecona, MN	7. DATE OF BIRTH (Month, Day, Year): August 3, 1918

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): 10450 Hwy 39	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.): Owner/Operator	10b. KIND OF BUSINESS/INDUSTRY: Retail Lumber	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Ilene Ongman ✓	
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 10450 Hwy 39	
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97603	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	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: Victor Ongman	18. MOTHER - NAME first middle maiden: Rose Moats	19. INFORMANT - NAME and relationship to deceased: Ilene Ongman - Wife
20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Mt. Laki Cemetery	20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. OREGON LICENSE NO. (Of Licensee): FS-0432	22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair & Riggs Funeral Chapel 515 Pine St, Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year): JUN 14 1999	24. REGISTRAR'S SIGNATURE: Evelyn Simonson	

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1:45 P M	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No	31a. TIME OF DEATH / 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): 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] M.D.		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)
30. DATE SIGNED (Month, Day, Year): June 10, 1999		33. DATE SIGNED (Month, Day, Year) / COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): F. Geoffrey Marx, M.D. 2614 Clover Street Klamath Falls, OR 97601

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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

PART I (a) Respiratory Failure		Interval between onset and death: Instant
DUE TO, OR AS A CONSEQUENCE OF (b) COPD		Interval between onset and death: 15 yrs
DUE TO, OR AS A CONSEQUENCE OF (c) Smoking		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. Lung Cancer, metastatic to spine	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)		

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED: JUN 14 1999

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

24261

State of Oregon, County of Klamath
Recorded 6/21/99, at 11:02a m.
In Vol. M99 Page 24261
Linda Smith,
County Clerk Fee$ 15 KR

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