CERTIFICATION OF VITAL RECORD

1999 JUL -2 PM 1:26

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H-31312
LD. TAG NO.
343
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: Leonard	Middle: Lincoln	Last: WERRONEN	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): June 26, 1999
4. SOCIAL SECURITY NUMBER: 544-30-5183	5a. AGE-Last Birthday (Years): 69	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Floodwood, MN	7. DATE OF BIRTH (Month, Day, Year): February 12, 1930

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): Merle West Medical Center	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: Food and Beverage	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Diadda Werronen ✓
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 5125 Weyerhaeuser Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No	13f. ZIP CODE: 97601	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): 4 / College (1-4 or 5+):
17. FATHER - NAME first middle last: Matt Werronen	18. MOTHER - NAME first middle maiden: Fanny Savela	19. INFORMANT - NAME and relationship to deceased: Diadda Werronen - Wife	
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service	20c. LOCATION - City or Town, State: Klamath Falls, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Stephanie Rigg	21b. OREGON LICENSE NO (Of Licensee): FS-0432	22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair & Rigge Funeral Chapel, 515 Pine St; Klamath Falls, OR 97601	
23. DATE FILED (Month, Day, Year): JUN 29 1999		24. REGISTRAR'S SIGNATURE: Evelyn Simonson	

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 3:35 AM	28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No	31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

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

30. DATE SIGNED (Month, Day, Year): 6/28/99

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): Geoffrey F. Marx, M.D. 2614 Clover Street Klamath Falls, OR 97601

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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE

36. PART I (a) Hepatic Failure — Interval between onset and death: 2 wks

DUE TO, OR AS A CONSEQUENCE OF: (b) Alcohol — Interval between onset and death: 20 yrs

DUE TO, OR AS A CONSEQUENCE OF: (c) — 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: GI Bleeding, Delirium Tremors

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 ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other

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 - 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 29 1999

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

26615

State of Oregon, County of Klamath
Recorded 7/02/99, at 1:26 P m.
In Vol. M99 Page 26614
Linda Smith,
County Clerk Fee$ 15.00 SW

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