1999 JUL -8 PM 12:12

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TYPE OR PRINT IN PERMANENT BLACK INK

H20707
I.D. TAG NO.

359
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)
Rita	Irene	NIDEVER	Female	July 5, 1999

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)
541-58-7421	77			Sams Valley, OR	October 31, 1921

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
634 N. 11th	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)
Homemaker	Own Home	Widowed	John

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Klamath Falls	634 N 11th

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)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
☒ Yes ☐ No	97601	Specify: ☒ No ☐ Yes	White	12	

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Paul Joseph Milkoski	Josephine Caroline Strigel	Laurie Krahn - 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)	Pyramid Cremations	Klamath Falls, Oregon

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)	24. REGISTRAR'S SIGNATURE
JUL 07 1999	Evelyn Simonson

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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)
M	☒ Yes ☐ No	0830 M	July 5, 1999 0830 hrs 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)

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) [signature]

30. DATE SIGNED (Month, Day, Year)

33. DATE SIGNED (Month, Day, Year) 7/8/99 — COUNTY: Klamath

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert P. Beaman, MD 1903 B Austin, Klamath Falls, OR 97603

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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE

		Interval between onset and death
PART I (a)	Unknown natural Causes	Unknown
DUE TO, OR AS A CONSEQUENCE OF: (b)		
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: Cerebral vascular disease

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 Manner ☐ [illegible]		M	☐ Yes ☐ No	

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

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

DATE ISSUED: JUL 07 1999

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

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STATE OF OREGON 1859

COUNTY DEPARTMENT OF HEALTH · KLAMATH · OREGON

Return Linda Smith

27351

State of Oregon, County of Klamath
Recorded 7/8/99, at 12:12 p m.
In Vol. M99 Page 27350
Linda Smith,
County Clerk Fee$ 15 - KP

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