

1999 JUL -8 PM 12:12

Vol. M88 Page

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Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

1. DECEASED'S NAME First Middle Last Rita Irene NIDEVER			2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 5, 1999
4. SOCIAL SECURITY NUMBER 541-58-7421	5a. AGE-Last Birthday (Years) 77	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Salem Valley, OR	7. DATE OF BIRTH (Month, Day, Year) October 31, 1921
8. WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		9a. PLACE OF DEATH (Check only one) ☒ HOME ☐ Hospital ☐ Infirmary ☐ EPO/epidemiology ☐ DCA ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) 634 N. 11th		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		9d. COUNTY OF DEATH Klamath
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Own Home		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed
12. SPOUSE (If Married, Widowed) John				
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Klamath Falls	13d. STREET AND NUMBER 634 N 11th	
14. INSIDE CITY LIMITS? ☒ Yes ☐ No	15. ZIP CODE 97601	16. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes	17. RACE American Indian, Black, White, etc. (Specify) White	18. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 12
19. FATHER - NAME first middle last Paul Joseph Milkoski		20. MOTHER - NAME first middle maiden Josephine Caroline Strigel		21. INFORMANT - NAME and relationship to deceased Laurie Krahn - daughter
22. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Reinterment from State ☐ Donation ☐ Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Pyramid Cremations		
24. LOCATION - City or Town, State Klamath Falls, Oregon				
25. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		26. OREGON LICENSE NO. (Of Licensee) 3607		
27. NAME, ADDRESS AND ZIP OF FACILITY Ward's Klamath Funeral Home, Inc.		28. 1945 Main, Klamath Falls, OR 97601		
29. DATE FILED (Month, Day, Year) JUL 07 1999		30. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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TO BE COMPLETED BY CERTIFYING PHYSICIAN

31. TIME OF DEATH 0930	32. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	33. TIME OF DEATH 0930	34. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) July 5, 1999 0830 hrs
35. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>[Signature]</i>		36. 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) <i>[Signature]</i>	
37. DATE SIGNED (Month, Day, Year)		38. DATE SIGNED (Month, Day, Year) COUNTY 7/8/99 Klamath	
39. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Robert P. Beaman, MD 1903 B Austin, Klamath Falls, OR 97603			
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
41. PART I (a) UNKNOWN natural cause DUE TO, OR AS A CONSEQUENCE OF:			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I Cerebral vascular disease			
42. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accidental ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Other	43. DATE OF INJURY (Month, Day, Year)	44. TIME OF INJURY M ☐ Yes ☒ No	45. INJURY AT WORK? ☐ Yes ☒ No
46. PLACE OF INJURY - At home, farm, forest, factory, office building, etc. (Specify)		47. DESCRIBE HOW INJURY OCCURRED	
48. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
49. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No		50. AUTOPSY? ☐ Yes ☒ No	
51. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A			

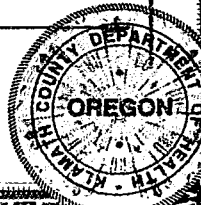
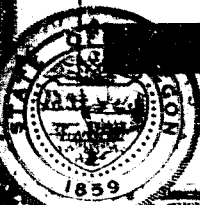
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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED

JUL 07 1999

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EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

Return to: *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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