PERMANENT BLACK INK

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

Vol. M99 Page 29003

STATE FILE NO. 21322

02991
Local File Number

State File Number

1. DECEDENT'S NAME	First: Herschel	Middle: D	Last: CLEMMER	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): June 10, 1999		
4. SOCIAL SECURITY NUMBER: 527-32-5233	5a. AGE-Last Birthday (Years): 68	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Independence, KS	7. DATE OF BIRTH (Month, Day, Year): August 23, 1930		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	9a. PLACE OF DEATH (Check only one): OTHER ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify): Park entrance					
9b. FACILITY NAME (If not institution, give street and number): 611 S. W. Kingston (Japanese Gardens)	9c. CITY, TOWN, OR LOCATION OF DEATH: Portland	9d. COUNTY OF DEATH: Multnomah					
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervisor	10b. KIND OF BUSINESS/INDUSTRY: Marine Base	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Phyllis L.				
13a. RESIDENCE - STATE: California	13b. COUNTY: San Bernadino	13c. CITY, TOWN OR LOCATION: Barstow	13d. STREET AND NUMBER: 1716 Young Street				
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 92311	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: Ora D. Clemmer	18. MOTHER - NAME first middle maiden: Ruth - Ringle	19. INFORMANT - NAME and relationship to deceased: Phyllis L. Clemmer - Wife					
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Caldwell's Cremation Service	20c. LOCATION - City or Town, State: Portland, Oregon					
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Donald Hooper	21b. OREGON LICENSE NO (Of Licensee): 3624	22. NAME, ADDRESS AND ZIP OF FACILITY: Caldwell's Colonial Chapel 20 NE 14th Avenue Portland, OR 97232					
23. DATE FILED (Month, Day, Year): JUN 14 1999	24. REGISTRAR'S SIGNATURE: Judy Madison						

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?	29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	30. DATE SIGNED (Month, Day, Year)
M	☐ Yes ☐ No		

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	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
12:15P M	June 10, 1999 12:15P M		June 11, 1999	STATE OF OREGON

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): CLIFFORD NELSON, M. D., STATE MEDICAL EXAMINER, 301 N. E. KNOTT, PORTLAND, OR 97212

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

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

CAUSE OF DEATH

		Interval between onset and death
PART I (a)	PROBABLE ARTERIOSCLEROTIC CORONARY ARTERY DISEASE	
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: EMPHYSEMA

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	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
	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: 99-17024

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 5/98

AFTER RECORDING RETURN TO: Phyllis L. Clemmer, 1716 Young St., Barstow, CA 92311

1999 JUL 20 PM 3:46

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

DATE ISSUED: JUN 14 1999

Lee Wickham RN MS

LEE WICKHAM RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

29004

State of Oregon, County of Klamath
Recorded 7/20/99, at 3:46 p. m.
In Vol. M99 Page 29003
Linda Smith,
County Clerk Fee$ 15 KR

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