

1999 JUL 20 PM 3:46

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

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

CAUSE OF DEATH

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154

11-21322

02991

Local File Number

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

Vol. M99

Page 2900319

State File Number

1. DECEDENT'S NAME Berschel D. CLEMMER		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) June 10, 1999	
4. SOCIAL SECURITY NUMBER 527-32-5233		5. AGE, Last Birthday (Years) 68		6. BIRTHPLACE (City and State or Foreign Country) Independent, KS	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		8. PLACE OF DEATH (Check only one) ☐ Nursing Home ☐ Decedent's Home ☒ Other (Specify) Park entrance		9. DATE OF BIRTH (Month, Day, Year) August 23, 1930	
9. FACILITY NAME (If not institution, give street and number) 611 S. W. Kingston (Japanese Gardens)		10. CITY, TOWN, OR LOCATION OF DEATH Portland		11. COUNTY OF DEATH Multnomah	
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor 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. INSIDE CITY LIMITS? ☒ Yes ☐ No		13e. ZIP CODE 92311		13f. STREET AND NUMBER 1716 Young Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes		15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
17. FATHER - NAME first middle last Ora D. Clemmer		18. MOTHER - NAME first middle maiden Ruth - Ringle		19. INFORMANT - NAME and relationship to decedent 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 <i>[Signature]</i>		21b. OREGON LICENSE NO. (If Lic-100) 3624		22. NAME, ADDRESS AND ZIP OF FACILITY Caldwell's Colonial Chapel 20 NE 14th Avenue Portland, OR 97232	
23. DATE OF DEATH (Month, Day, Year) JUN 14 1999		24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER	
27. TIME OF DEATH 12:15P	28. I WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	31a. TIME OF DEATH 12:15P	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) June 10, 1999 12:15P
29. To the best of my knowledge, death occurred at the time, place, and due to the cause(s) and manner stated. (If unsure)		32. On the basis of examination and investigation, in my opinion death occurred at the time, place, and due to the cause(s) and manner stated. (If unsure)	
30. DATE SIGNED (Month, Day, Year) June 11, 1999		33. DATE SIGNED (Month, Day, Year) June 11, 1999	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING 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)	
36. IMMEDIATE CAUSE (FATHER OR MOTHER OR OTHER CAUSE PER PART 1a, 1b, and 1c) (Do not use words of the type "Cause of Death" or "Immediate Cause") PART 1a. PROBABLE ARTERIOSCLEROTIC CORONARY ARTERY DISEASE		Interval between onset and death	
37. DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
38. DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
39. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART 1 EMPHYSEMA		37. Did toxicologic cause contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown	
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other		38. AUTOPSY ☐ Yes ☒ No	
41a. DATE OF INJURY (Month, Day, Year) June 10, 1999		39. IF YES, was findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A	
41b. TIME OF INJURY 12:15P		40. DESCRIBE HOW INJURY OCCURRED	
41c. INJURY AT WORK? ☐ Yes ☒ No		41. LOCATION (Street and Number or Rural Box Number, City or Town, State) 1716 Young Street, Portland, OR 97232	
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (If only) At home		42. LOCATION (Street and Number or Rural Box Number, City or Town, State) 1716 Young Street, Portland, OR 97232	

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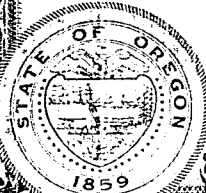
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DATE ISSUED:

JUN 14 1999

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LLA WICKHAM RN MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



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 RR

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