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

I.D. TAG NO. 234762

Local File Number 409

State File Number 136

DECEDENT

1. DECEDENT'S NAME: First: Nora; Middle: Beatrice; Last: KIELSMEIER
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): August 12, 1999
4. SOCIAL SECURITY NUMBER: 544-50-7131
5a. AGE-Last Birthday (Years): 88
5b. If Under 1 Year: Months / Days
5c. If Under 1 Day: Hours / Minutes
6. BIRTHPLACE (City and State or Foreign Country): Toppenish, WA
7. DATE OF BIRTH (Month, Day, Year): August 3, 1911
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9. 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): 1845 Lawrence Street
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): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
12. SPOUSE (If Married, Widowed or Divorced): Ben Kielsmeier
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 1845 Lawrence Street
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): 11; College (1-4 or 5 +):

PARENTS

17. FATHER - NAME: First Middle Last: Jacob Conrad Filer
18. MOTHER - NAME: First Middle Maiden: Varena Jane Ebert
19. INFORMANT - NAME and relationship to deceased: Bruce Kielsmeier Son

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James O. Riggs
21b. OREGON LICENSE NO. (If Licensee): CO3572
21c. NAME, ADDRESS AND ZIP OF FACILITY: O'Blair & Riggs Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
22. DATE FILED (Month, Day, Year): AUG 16 1999
23. REGISTRAR'S SIGNATURE: Amy Knudson
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

24. TIME OF DEATH: 10:35A
25. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
25b. DATE PRONOUNCED DEAD (Month, Day, Year): August 12, 1999
25c. TIME PRONOUNCED DEAD: 10:35A
26. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
27. 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) M.D.
28. DATE SIGNED (Month, Day, Year): 8/16/99
29. COUNTY: Klamath
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

CAUSE OF DEATH

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

32. PART I: (a) Metastasis Natural Cancer — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
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. Hypertension, Atrial Fib
33. Did Tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
34. AUTOPSY? ☐ Yes ☐ No
35. If YES were findings considered in determining cause of death? ☐ Yes ☐ No
36. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other
37a. DATE OF INJURY (Month, Day, Year)
37b. TIME OF INJURY
37c. INJURY AT WORK? ☐ Yes ☐ No
37d. DESCRIBE HOW INJURY OCCURRED
37e. PLACE OF INJURY - At Home, Farm, Street, Factory, Office building, etc. (Specify)
37f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: AUG 16 1999

Evelyn Simonson
EVELYN SIMONSON
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT RAISED STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

KLAMATH COUNTY DEPARTMENT OF HEALTH OREGON

1999 AUG 18 01 2:51

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33380

Bruce Kielsmeier
Mail to: 1745 El Dorado
Klamath Falls, OR 97601

State of Oregon, County of Klamath
Recorded 8/18/99, at 2:51 p.m.
In Vol. M99 Page 33379
Linda Smith,
County Clerk Fee$ 15.00

030587

$15.00