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 Jacob; Middle Conrad; Last Filer
18. MOTHER - NAME: First Varena; Middle Jane; Last 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 Rigs
21b. OREGON LICENSE NO. (If Licensed): 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
24. REGISTRAR'S SIGNATURE: Amy Knudson
RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 10:35A
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
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): 8/16/99
31a. TIME OF DEATH: 10:35A
31b. DATE PRONOUNCED DEAD (Month, Day, Year): August 12, 1999
31c. TIME: 10:35A
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): James N. Beggs M.D.
33. DATE SIGNED (Month, Day, Year): 8/16/99
COUNTY: Klamath
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): James N. Beggs M.D. 2300 Clairmont Street Klamath Falls, Oregon 97601
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

36. PART I. (a) Metastatic Renal Cancer — Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(d)
PART II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART I. Hypertension, Atrial Fib
37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
38. AUTOPSY? ☐ Yes ☐ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No
40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
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

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

Vol M99 Page 33379

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