CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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2000 APR -6 AM 10:15

234658
I.D. TAG NO.
178
Local File Number

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

136-
98-007685
State File Number

1. DECEDENT'S NAME First	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Ira	Alvin	WOLCHIN	Male	April 9, 1998

4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (Years)	5b. Under 1 Year: Mos. / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
342-14-4065	75			Chicago, IL	April 13, 1922

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

9a. 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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Merle West Medical Center	Klamath Falls	Klamath

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12. SPOUSE (If Married, Widowed)
Mechanical Engineer	Engineering	Married	Louise Wolchin

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Klamath	Chiloquin	38484 Modoc Point Road

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12)	College (1-4 or 5+)
☒ Yes ☐ No	97624	☐ No ☐ Yes Specify:	White		2

17. FATHER - NAME first middle last	18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased
Harry Wolchin	Beatrice Stern	Louise Wolchin - Spouse

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)	Mt. Sinai Memorial Park	Los Angeles, California

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. OREGON LICENSE NO. (Of Licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
James O'Hara	CO-3572	O'Hair's Funeral Chapel 515 Pine St, Klamath Falls, OR 97601

23. DATE FILED (Month, Day, Year)	24. REGISTRAR'S SIGNATURE
APR 10 1998	Evelyn Johnson

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?
4:40 A M	☐ 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) [signature] M.D.

30. DATE SIGNED (Month, Day, Year) 4/9/98

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	M

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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)
Lawrence Cohen, M.D. P.O. Box 466, Chiloquin, Oregon 97624

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

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Add additional lines if necessary.

PART I		Interval between onset and death
(a)	ASPIRATION PNEUMONIA	WEEKS
DUE TO, OR AS A CONSEQUENCE OF: (b)	DYSPHAGIA	YEARS
DUE TO, OR AS A CONSEQUENCE OF: (c)	STROKE	YEARS

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.
HYPERTENSION

37. Did tobacco use contribute to death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☒ Yes ☐ Probably ☐ No ☐ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		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

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 10/97

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED: MAR 27 2000

CAROL A. SANDERS
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

11296

State of Oregon, County of Klamath
Recorded 04/06/00, at 10:15a. m.
In Vol. M00 Page 11295
Linda Smith,
County Clerk Fee$ 26.00

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