

CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION CENTER FOR HEALTH STATISTICS

MOO Page 11295

234658
I.D. TAG NO.

Local File Number

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

98-007685

State File Number

1. DECEDENT'S NAME First: Ira Middle: Alvin Last: WOLCHIN			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) April 9, 1998
4. SOCIAL SECURITY NUMBER 342-14-4085	5a. AGE-Last Birthday (Years) 75	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Chicago, IL	7. DATE OF BIRTH (Month, Day, Year) April 13, 1922
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		9. PLACE OF DEATH (Check only one) ☒ HOSPITAL ☐ Inpatient ☐ Outpatient ☐ DCA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)		
10. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		11. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		12. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Mechanical Engineer		10b. KIND OF BUSINESS/INDUSTRY Engineering		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed) Louise Wolchin		13d. STREET AND NUMBER 38484 Modoc Point Road		
13a. RESIDENCE - STATE Oregon	13b. COUNTY Klamath	13c. CITY, TOWN OR LOCATION Chiloquin	13e. STREET AND NUMBER 38484 Modoc Point Road	
13f. INSIDE CITY LIMITS? ☒ Yes ☐ No	13g. ZIP CODE 97624	14. WAS DECEDENT OF HISPANIC OR LATINO 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) Elementary/Secondary (0-12) College (1-4 or 5+) 2
17. FATHER - NAME first middle last Harry Wolchin		18. MOTHER - NAME first middle maiden Beatrice Stern		19. INFORMANT - NAME and relationship to deceased Louise Wolchin - Spouse
20a. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mt. Sinai Memorial Park		20c. LOCATION - City or Town, State Los Angeles, California
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James O. Pappas</i>		21b. OREGON LICENSE NO. (Or License) CO-3572		22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine St., Klamath Falls, OR 97601
23. DATE FILED (Month, Day, Year) APR 10 1998		24. REGISTRAR'S SIGNATURE <i>Lucy A. Sanders</i>		
RESERVED FOR REGISTRAR'S USE				
TO BE COMPLETED BY CERTIFYING PHYSICIAN				
27. TIME OF DEATH 4:40 AM		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) <i>Lawrence Cohen</i> M.D.				
30. DATE SIGNED (Month, Day, Year) 4/9/98				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Lawrence Cohen, M.D., P.O. Box 488, Chiloquin, Oregon 97624				
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
33. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR EACH CAUSE OF DYING, e.g., Cardiac or Respiratory Arrest)				
PART I (a) ASPIRATION PNEUMONIA		Interval between onset and death WEEKS		
(b) DYSPHAGIA		Interval between onset and death YEARS		
(c) STROKE		Interval between onset and death 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 the death? ☒ Yes ☐ No ☐ Unknown		38. AUTOPSY ☐ Yes ☒ No ☐ N/A		
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK? ☐ Yes ☒ No
41d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		41e. 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.

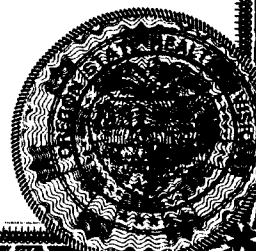
MAR 27 2000

DATE ISSUED:

CAROL A. SANDERS
STATE REGISTRAR

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

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\$ 26⁰⁰

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