7275

OREGON STATE BOARD OF HEALTH Vol. M66 Page 6549
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 199

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Grace; Middle: Alberta; Last: Jeschke

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 25: 21 yrs.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): DOA Presby. Intercom. Hosp.

3. USUAL RESIDENCE (If Institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 4819 Altamont Drive

4. DATE OF DEATH: Month: June; Day: 12; Year: 1966
5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: —
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: —
11. NAME OF SPOUSE: Albert Jeschke
12. DATE OF BIRTH: Month: Feb.; Day: 22; Year: 1895
13. AGE LAST BIRTHDAY: Yrs. 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Baker, Oregon
15. WAS DECEASED A CITIZEN OF U. S. ☒ / Foreign Country ☐ Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: Arthur Nelson
18. MAIDEN NAME OF MOTHER: Emma Briggs
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Albert Jeschke, Husband

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Probable repeat myocardial infarction — Interval Between Onset and Death: known 5 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Arteriosclerotic Heart Disease
DUE TO (C):
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):
21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☒ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☒ No
23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City / County / State
26. TIME OF INJURY: Hour ..... a. m. ..... p. m. / Month / day / Year
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I (attended) (last saw) the deceased from Jan '66 (date) to 6/12/66 and that the death occurred at 7:20 A.M. from the causes and on the date stated above.
W. A. Bartlett, M.D. 1437 Esplanade Ave. Klamath Falls, Oregon 6-13-66
(Signature) (Title) (Address) (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 6/15/66
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION (City or Town) State: Klamath Falls, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR: 6-14-66
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Keith O'Hair 515 Pine Klamath Falls, Ore

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy

Date June 14, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Albert Jeschke

this 28 day of June 66 at 11:50 o'clock A.M., and duly recorded in Vol. M-66, of Deeds on Page 6549

DOROTHY ROGERS, County Clerk

By Jean M. Houston

Fee 1.50