28889 **OREGON STATE BOARD OF HEALTH** 385
VITAL STATISTICS SECTION

VOL M69 PAGE

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 292

STATE FILE NO.
DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: John — Middle: Julius — Last: Robatcek

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 2B: 20 yrs
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Modoc Lbr Co. S P Switch

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.: 1519 Oregon Ave

4. DATE OF DEATH (Month, Day, Year): October 5, 1966
5. SEX: Male
6. COLOR OR RACE: white
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 469-03-1348
9. USUAL OCCUPATION (Kind of work done during most of life): Switchman
10. KIND OF BUSINESS OR INDUSTRY: S P Railroad
11. NAME OF SPOUSE: Florence Robatcek

12. DATE OF BIRTH (Month, Day, Year): July 4, 1908
13. AGE LAST BIRTHDAY (Yrs.): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Sauk Rapids, Minnesota
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: William Robatcek
18. MAIDEN NAME OF MOTHER: No record
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Florence Robatcek, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)

	Cause	Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Massive Hemorrhage	sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):	Transection of torso between T 12 & L 1	sudden
DUE TO (C):	Railroad accident	sudden

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.): S P Switch Modoc Lbr Co
25B. City, County, State: Klamath Falls, Klamath, Oregon

26. TIME OF INJURY (Hour, Month, Day, Year): 10:50 p.m. 10 5 66
27. DESCRIBE HOW INJURY OCCURRED: Train ran over body

28. CERTIFICATE: I certify that I (~~attended~~) (investigated the death of) the deceased from or on 10-5-66 (date) to ____ (date) and that the death occurred at 10:50p.m. from the causes and on the date stated above.
J. Martin Adams, M.D. (Signature) — Asst. Med. Inv. (Title) — Klamath Falls, Oregon (Address) — 10-7-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 10/8/66
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills Memorial Gardens
30D. LOCATION (City or Town, State): Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 10-7-66
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's Memorial Chapel Inc Keith O'Hair 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 October 10, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Florence Robatcek
this 14th day of January A. D. 1969 at 3:55 o'clock P.M., and
duly recorded in Vol. M-69, of Deeds on Page 385
Wm. D. MILNE, County Clerk
Fee $1.50 By Charlene K. Hostetman
Deputy

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