

MAY 22 1972

CERTIFICATE OF DEATH

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Form No. 10-72

DECEASED

Usual residence of deceased (if not in U.S.A., name country)
If death occurred in institution, give name of institution before admission

CAUSE

BURIAL

CERTIFIER

DECEASED

BURIAL

VS-2 R-69

1. RACE White, Negro, American Indian, etc. (specify)		2. SEX Male		3. AGE 82		4. DATE OF BIRTH (month, day, year) May 2, 1972	
5. COUNTY OF DEATH Klamath		6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		7. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Custodian		8. DATE OF DEATH (month, day, year) May 22, 1972	
9. STATE OF BIRTH (if not in U.S.A., name country) WISCONSIN		10. CITIZEN OF WHAT COUNTRY USA		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		12. NAME OF SPOUSE Leona F. Richter	
13. RESIDENCE—STATE Oregon		14. CITY, TOWN, OR LOCATION Klamath Falls		15. INSIDE CITY LIMITS (specify yes or no) Yes		16. STREET AND NUMBER OR R.F.D. 153 Octavia Street	
17. FATHER—NAME Ernest Richter		18. MOTHER—Maiden Name Rose		19. POLSKINSKI		20. NAME AND RELATIONSHIP TO DECEASED (Wife)	
PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))							
1. Immediate cause: (a) <i>arteriosclerosis</i> (b) <i>hypertension</i> (c) <i>coronary artery disease</i>							
2. Contributing cause: (a) <i>arteriosclerosis</i> (b) <i>hypertension</i> (c) <i>coronary artery disease</i>							
3. Underlying cause: (a) <i>arteriosclerosis</i> (b) <i>hypertension</i> (c) <i>coronary artery disease</i>							
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c)							
1. ACCIDENT (specify yes or no) No							
2. INJURY AT WORK (specify yes or no) No							
3. CERTIFICATION—month day year 10 2 1972							
4. PHYSICIAN—NAME (type or print) Fletcher F. Conn, M.D.							
5. MARRIAGE ADDRESS—PHYSICIAN 1905 Main Street, Klamath Falls, Oregon 97601							
6. FUNERAL HOME—NAME AND ADDRESS 244 Klamath Memorial Park, Klamath Falls, Oregon							
7. DATE RECEIVED BY LOCAL REGISTRAR 5/22/72							
8. DATE RECEIVED BY STATE REGISTRAR 5/22/72							

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.

NEIL BLACK, M.D., Registrar Vital Statistics

By *Wm. D. Milne* Deputy Registrar
Date *May 22 1972*

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of *H. F. Smith* Attorney at Law

this 22 day of May A.D., 1972 at 9:01 o'clock A.M., and duly recorded in Vol. *5413* of Deeds on Page *5413*

Fee 2.00

WM. D. MILNE, County Clerk
Wm. D. Milne