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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M 72 Page 8065

229 (Local File Number)

CERTIFICATE OF DEATH

'72-008833 (State File Number)

1. DECEASED—NAME: First: Emma	Middle: Mary	Last: Schaenzer		2. DATE OF DEATH (month, day, year): June 26, 1972	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Female	5a. AGE-Last birthday (years): 77	5b. Under 1 year: mos. days	5c. Under 1 day: hours min.	6. DATE OF BIRTH (month, day, year): October 4, 1894
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	7c. Inside City Limits (specify yes or no): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Pres. Intercomm. Hospt.		
8. STATE OF BIRTH (If not in U.S.A., name country): Michigan	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Gildard Schaenzer		
12. SOCIAL SECURITY NUMBER: 541-36-9115 (Husb.)	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker	13b. KIND OF BUSINESS OR INDUSTRY: ---			
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR R.F.D.: 2713 Greensprings Dr.	
15. FATHER—NAME first middle last: Pascal Hebert	16. MOTHER—Maiden Name first middle last: Emma (No Record)	17. INFORMANT—NAME and relationship to deceased: Gildard Schaenzer, Husband			

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

		Approximate interval between onset and death
18. Immediate cause (a)	Cerebral vascular accident	1 day
due to, or as a consequence of: (b)		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19a. No	19b.

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
		M.	

20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to: month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
June 25 '72	June 26, 1972	June 25 '72	Not	1:50 A. M.	

22a. PHYSICIAN—SIGNATURE	22b. NAME (type or print)	degree or Title	22c. DATE SIGNED (month, day, year)
Craig A. Bennett MD	Craig A. Bennett	M.D.	26 June 72

23. MAILING ADDRESS—PHYSICIAN: street	city or town	state	zip
1905 Main St.,	Klamath Falls,	Ore.	97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	LOCATION city or town	state	24d. DATE (mo., day, year)
Burial	Mt. Calvary Cem.	Klamath Falls,	Ore.	6-28-72

25a. FUNERAL DIRECTOR—SIGNATURE	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
Mike O'Hair #314	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR	27. DATE RECEIVED BY STATE REGISTRAR
Marian Tahesmann	JUN 26 1972	JUL 10 1972

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

STATE OF OREGON
County of Multnomah

DATE ISSUED July 20, 1972

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

Marian M. Martin
STATE REGISTRAR

VS-112 Rev. 7-71

JUL 24 4 24 PM 197

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of ROBERT THOMAS ATTY

this 24th day of JULY A. D., 19 72 at 4:24 o'clock P M., and duly recorded in Vol. M 72, of DEEDS on Page 8065

Ret: Robert Thomas
432 Main
City

FEE $2.00

WM. D. MILNE, County Clerk

By Hazel Dragich

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