2768 RECEIVED JUL 1_ 1975 Vol. M 75 Page 8058

10:00 am

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND 97201
PUBLIC HEALTH SERVICE

STATE FILE NO. '68 015836

DATE RECEIVED DEC 11 1968

LOCAL REGISTRAR'S NUMBER 748

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (First) CHARLES (Last) JANTZER

2. PLACE OF DEATH
A. COUNTY: Jackson
B. CITY, TOWN, OR LOCATION: Central Point
C. LENGTH OF STAY IN 2B: 33 yrs
D. NAME OF HOSPITAL OR INSTITUTION: 1734 Beall Lane

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Jackson
C. CITY, TOWN OR LOCATION: Central Point
D. STREET ADDRESS, RURAL ROUTE, ETC.: 1734 Beall Lane

4. DATE OF DEATH: 11-22-68
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARITAL STATUS: X Married
8. SOCIAL SECURITY NO.: 544-40-5255
9. USUAL OCCUPATION: Mechanic
10. KIND OF BUSINESS OR INDUSTRY: Auto Wrecking
11. NAME OF SPOUSE: Frieda Jantzer
12. DATE OF BIRTH: 11-3-1900
13. AGE LAST BIRTHDAY: 68
14. BIRTHPLACE: Valley Springs, California
15. WAS DECEASED A CITIZEN OF: U.S.
16. IF DECEASED WAS A VETERAN, WHAT WAR?
17. NAME OF FATHER: Frank X. Jantzer
18. MAIDEN NAME OF MOTHER: Rose Laux
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Frieda Jantzer-Wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH — PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): myocardial infarction — 1 mo
DUE TO (B): arterio sclerosis — yrs
DUE TO (C):
PART II. OTHER SIGNIFICANT CONDITIONS:

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
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: I certify that I attended the deceased from 1953 to 22 Nov 68 and that the death occurred at [illegible] from the causes and on the date stated above.
(Signature) Ralph [illegible] (Title) MD (Address) Medford Ore (Date Signed) 5 Dec 68

29. RESERVED FOR REGISTRAR'S USE 4109

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 11-25-68
30C. NAME OF CREMATORY OR CEMETERY: Memory Gardens Mem. Park
30D. LOCATION: 1395 Arnold Lane, Medford
31. DATE RECEIVED BY LOCAL REGISTRAR: 12-6-68
32. REGISTRAR'S SIGNATURE: [signature], M.D.
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [signature]

DATE ISSUED Sep. 1 1971

STATE OF OREGON, COUNTY OF MULTNOMAH)SS
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.

[signature] STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of FRIEDA JANTZER

this 16th day of JULY A. D., 1975 at 10:00 o'clock A.M., and duly recorded in Vol. M 75, of DEEDS on Page 8058

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $ 3.00

Rtn: Freida S. Jantzer
1734 Beall Lane
Central Point, Ore 97501