

6297 38-9571

STATE OF OREGON - HEALTH DIVISION  
Vital Statistics Section7524923  
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## CERTIFICATE OF DEATH

DECEASED NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1. Anna		Irene		Ronner				2. June 6, 1975	
3. White		4. Female		5a. 65		5b. Under 1 year		6. January 18, 1910	
7a. Lane		7b. Eugene		7c. Yes		7d. Good Samaritan Center			
8. Iowa		9. United States		10. Married		11. Joseph Ronner			
12. 543-38-6729		13a. Teacher		13b. Goshen Elementary		14a. Route 1 Box 177			
15. John Michael Wilbert		16. Olive Jane Hughey		17. Joseph Ronner (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. (a) subarachnoid bleeding									7/6/75
(b) Hypertension									years
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)									
19a. NO									19b. IF YES were findings considered in determining cause of death
20a. DATE OF INJURY (month, day, year)									20b. HOUR
20c. M. 20d.									20e. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
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: 8/5/74 to 5/8/75									22. DEATH OCCURRED (hour) 8:50 a.m.
23. PHYSICIAN - SIGNATURE: Jonathan S. Levey MD									24. DATE SIGNED (month, day, year)
25. MAILING ADDRESS - PHYSICIAN: 1457 "G" Street Springfield Oregon 97477									26. DATE (mo., day, year)
27. BURIAL, CREMATION, REMOVAL, MAUS. (specify) 28a. Springfield Memorial 28b. Springfield Oregon									29. DATE (mo., day, year)
30. FUNERAL DIRECTOR - SIGNATURE: Buell Chapel 320 N. Sixth Street Springfield, Oregon 97477									31. DATE RECEIVED BY LOCAL REGISTRAR
32. REGISTRAR - SIGNATURE: Paul Longton, Deputy									33. DATE RECEIVED BY STATE REGISTRAR
34. RESERVED FOR REGISTRAR'S USE									35.
36.									37.

VS-2 R-69

STATE OF OREGON

COUNTY OF Lane

Date June 13, 1975

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

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of TRANSMERICA TITLE INS. CO

this 20th day of OCTOBER A. D., 1975 at 10:42 o'clock A. M., and duly recorded in

Vol. M. 75 of DEEDS on Page 13016

FEE \$ 3.00

By WM. D. MILNE, County Clerk  
Hazel Drake Deputy