8608

'75 DEC 22 AM 11 16

Vol. M 75 Page 16028

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 422

State File Number:

DECEASED

Field	Entry
1. Deceased—Name (First, Middle, Last)	August Alonzo Schwabe
2. Date of Death (month, day, year)	December 13, 1975
3. Race (White, Negro, American Indian, etc.)	White
4. Sex	Male
5a. Age—Last birthday (years)	59
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	December 1, 1916
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	Pres. Intercomm. Hospt.
8. State of Birth	Nebraska
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Name of Spouse	Emma J. Schwabe
12. Social Security Number	507-10-2102
13a. Usual Occupation	Machinest
13b. Kind of Business or Industry	Metal Work
14a. Residence—State	Oregon
14b. County	Klamath
14c. City, Town, or Location	Bonanza
14d. Inside City Limits (specify yes or no)	No
14e. Street and Number or R.F.D.	Rt. 1, Box 700
15. Father—Name	Fedrick Schwabe
16. Mother—Maiden Name	Dora Roberts
17. Informant—Name and relationship to deceased	Emma J. Schwabe

CAUSE

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

	Cause	Approximate interval between onset and death
(a) Immediate cause	ACUTE ANTERIOR & INFERIOR INFARCTIONS	12 HOURS
(b) Due to, or as a consequence of	ARTERIOSCLEROSIS	
(c) Due to, or as a consequence of	DIABETES MELLITUS	

Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last

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

19a. Autopsy (yes or no): No

19b. If YES were findings considered in determining cause of death:

20a. Accident (specify yes or no):
20b. Date of Injury:
20c. Hour: M.
20d. How Injury Occurred:
20e. Injury at Work:
20f. Place of Injury:
20g. Location:

CERTIFIER

21. Certification—Physician: I attended the deceased from 12-10-75 to Dec. 13, 1975 and last saw him/her alive on 12-13-75. I Did/Did Not view the body after death (specify). Death occurred 12:46 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. Physician—Signature: [signature]
22b. Name (type or print): Everett E. Howard, M.D.
22c. Date Signed: 12-15-75

23. Mailing Address—Physician: 2622 Campus Dr., Klamath Falls, Oregon 97601

BURIAL

24a. Burial, Cremation, Removal: Burial
24b. Cemetery or Crematory—Name: Lost River Cemetery
24c. Location: Bonanza, Oregon
24d. Date: 12-17-75

25a. Funeral Director—Signature: [signature]
25b. Funeral Home—Name and Address: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

26. Registrar—Signature: [signature]
26b. Date Received by Local Registrar: DEC 1 6 1975
27. Date Received by State Registrar:

Reserved for Registrar's Use

VS-2 R-69

Emma J. Schwabe
Rt 1 - Box 700
Bonanza 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)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar
Date DEC 1 6 1975 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 22nd day of DECEMBER A.D., 19 75 at 11;16 o'clock A M., and duly recorded in Vol M 75, of DEEDS on Page 16028.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $ 3.00