12687

131
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

'76 APR 19 AM 8 58

State File Number 5591

DECEASED

1. NAME — First: Josie; Middle: B.; Last: Prawitz
2. DATE OF DEATH (month, day, year): April 2, 1976
3. RACE (color or race - specify Negro, American Indian, Oriental, etc.): White
4. SEX: Female
5. AGE (Last birthday (years)): 84 — Under 1 year: 5a. mos. / 5b. days — Under 1 day: 5c. hours / min.
6. DATE OF BIRTH (month, day, year): February 29, 1892
7. 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): Washburn Manor
8. STATE OF BIRTH (If not U.S.A., name country): Nebraska
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 508-18-0287 A
13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Janitorial
13b. KIND OF BUSINESS OR INDUSTRY: School System
14. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 121 Michigan St.
15. FATHER—NAME first middle last: Dolan
16. MOTHER—Maiden Name first middle last: -
17. INFORMANT—NAME and relationship to deceased: Eldon Prawitz, Son

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

CAUSE

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)	Probable Cardiac Arrest	minutes
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)	Arteriosclerotic Heart Disease	years
due to, or as a consequence of: (c)	Severe generalized Arteriosclerosis	years

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

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

ACCIDENT (specify yes or no): 20a.
DATE OF INJURY (month, day, year): 20b.
HOUR: 20c. M.
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d.
INJURY AT WORK (specify yes or no): 20e.
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.
LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: Feb 6, 1975 to: month day year: April 2, 1976
And Last Saw Him/Her Alive on: month day year: Approx 2-10-76
I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour): 9:00 P. M. at the place, on the date, and to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE: Kenneth Magee
22. NAME (type or print): Kenneth K. Magee M.D. (degree or Title)
22c. DATE SIGNED (month, day, year): 4-5-76
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dentl. Bld., Klamath Falls, Oregon 97601

ME

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills Mem. Gard.
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 4-2-76
25. FUNERAL DIRECTOR—SIGNATURE: Walter Offner
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore 97601
26. REGISTRAR—SIGNATURE: Maurice Sherman
26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 5 1976
27. DATE RECEIVED BY STATE REGISTRAR: Rec'd Granny + Jeannine
28. RESERVED FOR REGISTRAR'S USE

540 Main
R.D.

VS-2 R-69

STATE OF OREGON
County Of Klamath

I, VELDON C. BOGE, M.D., Registrar Vital Statistics of the State of Oregon, 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.

By Maurice Sherman, Deputy Registrar
Date APR 6 1976
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 19th day of APRIL A.D., 19 76 at 9:58 o'clock A M., and duly recorded in Vol M 76, of DEEDS on Page 5591.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel L. Hargus Deputy