21483

STATE OF OREGON — HEALTH DIVISION Vol. M76 Page 17951
Vital Statistics Section

1976 NOV 12 AM 10 57

167
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

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

1. DECEASED—NAME (First, Middle, Last): TED MAX GRATZER
2. DATE OF DEATH (month, day, year): May 3, 1976
3. RACE (White, Negro, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 63
5b. Under 1 year (mos., days):
5c. Under 1 day (hours, min.):
6. DATE OF BIRTH (month, day, year): November 15, 1912
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): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Idaho
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Ruth B. Gratzer
12. SOCIAL SECURITY NUMBER: 544-09-6787
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Re sawyer
13b. KIND OF BUSINESS OR INDUSTRY: Saw Mills
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.: 5635 Miller Avenue
15. FATHER—NAME (first, middle, last): John - Gratzer
16. MOTHER—Maiden Name (first, middle, last): Mary - Sayer
17. INFORMANT—NAME and relationship to deceased: Ruth B. Gratzer (Wife)

CAUSE

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

18. immediate cause

	Cause	approximate interval between onset and death
(a)	Acute myocardial infarction	10 min
(b) due to, or as a consequence of:	CHD, ASHD, papillary muscle dysfunction	15 yrs
(c) due to, or as a consequence of:	atrial fibrillation, CHF, III	

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)

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 (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
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):

CERTIFIER

ME

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Sept. 13, 1975 to May 3, 1976
And Last Saw Him/Her Alive on: March 15, 1976
I Did/Did Not view the body after death (specify): did not
DEATH OCCURRED (hour): 9:40 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Blake Berven M.D.
22b. NAME (type or print), degree or Title: Blake Berven, M.D.
22c. DATE SIGNED (month, day, year): May 4, 1976
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): May 7, 1976
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAY 5 1976
27. DATE RECEIVED BY STATE REGISTRAR: Ruth B Gratzer
28. RESERVED FOR REGISTRAR'S USE

5635 Miller
City

VS-2 R-69

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 Marian Ackerman, Deputy Registrar
Date MAY 5 1976 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 12th day of NOVEMBER A.D., 19 76 at 10;57 o'clock A M., and duly recorded in Vol. M 76, of DEEDS on Page 10;57.

WM. D. MILNE, County Clerk

FEE $ 3.00

By Hazel Drazil Deputy