27307

STATE OF OREGON — HEALTH DVISION
Vital Statistics Section

62
Local File Number

CERTIFICATE OF DEATH

'77 MAR 23 PM 2 30 Vol M77 Page 4891

State File Number

DECEASED

1. DECEASED—NAME First: Henry Middle: L. Last: Raasch
2. DATE OF DEATH (month, day, year): March 2, 1977
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 83
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): Sept. 26, 1893
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): Presbyter. Intercom. Hosp.
8. STATE OF BIRTH (If not in U.S.A., name country): Wisconsin
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Rose Raasch
12. SOCIAL SECURITY NUMBER: 443-18-8258
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpenter
13b. KIND OF BUSINESS OR INDUSTRY: Building

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

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.: 6719 Alva Ave.
15. FATHER—NAME first middle last: Henry Raasch
16. MOTHER—Maiden Name first middle last: Bertha Pautsch
17. INFORMANT—NAME and relationship to deceased: Rose Raasch--Wife

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	Respiratory arrest	minutes
(b) due to, or as a consequence of:	metastatic Carcinoma of Bladder	4 yr
(c) due to, or as a consequence of:		

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

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: March 31, 1975 to Mar 2, 1977. And last saw him/her alive on: 3-2-77. I did / did not view the body after death (specify). DEATH OCCURRED (hour): 3:28 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Kenneth K Magee
22b. NAME (type or print): Kenneth K. Magee M.D. degree or Title
22c. DATE SIGNED (month, day, year): 3-3-77
23. MAILING ADDRESS—PHYSICIAN street: Medical-Dental Buld. city or town: Klamath Falls, state: Oregon zip: 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): 3-7-77
25a. FUNERAL DIRECTOR—SIGNATURE: Floyd C. Lancaster
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel 515 Pine Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAR 9 1977
27. DATE RECEIVED BY STATE REGISTRAR: Rose Raasch 4719 Alva Ave City
28. RESERVED FOR REGISTRAR'S USE

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 MAR 4 1977 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 23rd day of MARCH A.D., 19 77 at 2;30 o'clock P M., and duly recorded in Vol M77 of DEEDS on Page 4891.

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy

FEE $ 3.00