28490

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'77 APR 21 PM 4 54

Vol. M77 Page 6883

117
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)	MARY	ISABELLE	HENERIETTE	HENSCHKE	2. DATE OF DEATH (month, day, year)	April 14, 1977
3. RACE White, Negro, American Indian, etc. (specify)	White	4. SEX	Female	5a. AGE—Last birthday (years)	71	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year)	May 15, 1905					
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)	Holland	9. CITIZEN OF WHAT COUNTRY	USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Widowed	11. NAME OF SPOUSE	-
12. SOCIAL SECURITY NUMBER	543 - 10 - 2220	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Housewife	13b. KIND OF BUSINESS OR INDUSTRY	Homemaking		
14a. 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.	219 Pine Street
15. FATHER—NAME first middle last	Ignatius VanderBom	16. MOTHER—Maiden Name first middle last	Anna Maria VanDerle	17. INFORMANT—NAME and relationship to deceased	Isabelle VanderBom - Sister		

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)	Cardiac arrest	minutes
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b)	Myocardial Infarction	4 days
(c)		

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

1.				19a. AUTOPSY (yes or no)	No	19b. IF YES were findings considered in determining cause of death	
2.	20a. ACCIDENT (specify yes or no)	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)	
3.	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:	April 11, 1977	to April 14, 1977	And Last Saw Him/Her Alive on: April 14, 1977	I Did/Did Not view the body after death (specify) seen by another Dr.	DEATH OCCURRED (hour) 9:20 P.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)	April 15, 1977
23. MAILING ADDRESS—PHYSICIAN	409 Medical-Dental Building / Klamath Falls, Ore. 97601					

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial	24b. CEMETERY OR CREMATORY—NAME	Klamath Mem. Park	24c. LOCATION city or town / state	Klamath Falls, Oregon	24d. DATE (mo., day, year)	Apr. 20, 1977
25a. FUNERAL DIRECTOR—SIGNATURE	James K. Ward	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)	WARD'S - 1945 Main - Klamath Falls, Oregon 97601				
26a. REGISTRAR—SIGNATURE	Marjorie Coleman	26b. DATE RECEIVED BY LOCAL REGISTRAR	APR 20 1977	27. DATE RECEIVED BY STATE REGISTRAR			

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

Rob Mike Branch
325 Main
ED

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.

MARJORIE S. COMER, Registrar Vital Statistics

By Marjorie Coleman Deputy Registrar
Date APR 21 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 21st day of
APRIL A.D., 19 77 at 4:54 o'clock P M., and duly recorded in Vol. M 77,
of DEEDS on Page 6883.

FEE $ 3.00

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