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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

131 Local File Number

CERTIFICATE OF DEATH

'77-005537 State File Number

DECEASED-NAME 1. First: Velma	Middle: M.	Last: Schaupp		DATE OF DEATH (month, day, year) 2. April 29, 1977	
RACE White, Negro, American Indian, etc. (specify) 3. White	SEX 4. Female	AGE-Last birthday (years) 5a. 83	Under 1 year: mos 5b. / days 5c.	Under 1 day: hours / min.	DATE OF BIRTH (month, day, year) 6. February 14, 1894
COUNTY OF DEATH 7a. Klamath	CITY, TOWN, OR LOCATION OF DEATH 7b. Klamath Falls	Inside City Limits (specify yes or no) 7c. Yes	HOSPITAL OR OTHER INSTITUTION-NAME (if not in either, give street and number) 7d. D.O.A. Pres. Intercomm. Hospt.		
STATE OF BIRTH (If not in U.S.A., name country) 8. North Dakota	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10. Married	NAME OF SPOUSE 11. Arthur W. Schaupp Rel'-		
SOCIAL SECURITY NUMBER 12. 541-52-7295	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 13a. Secretary	KIND OF BUSINESS OR INDUSTRY 13b. Office			
RESIDENCE-STATE 14a. Oregon	COUNTY 14b. Klamath	CITY, TOWN, OR LOCATION 14c. Klamath Falls	Inside City Limits (specify yes or no) 14d. Yes	STREET AND NUMBER OR R.F.D. 14e. 226 S. 4th St.	
FATHER-NAME first middle last 15. - Fawcett	MOTHER-Maiden Name first middle last 16. -	INFORMANT-NAME and relationship to deceased 17. Arthur W. Schaupp, Husband			

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

18. Immediate cause (a) Pulmonary Emphysema — approximate interval between onset and death: Years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
due to, or as a consequence of: (b)
due to, or as a consequence of: (c)

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

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.	

CERTIFICATION-PHYSICIAN: I attended the deceased from: 21. month day year: 12 13 76 to month day year: April 29, 1977. And Last Saw Him/Her Alive on: month day year: 3 31 77. I Did / Did Not view the body after death (specify). DEATH OCCURRED (hour) 2:05 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN-SIGNATURE 22a. David Reeder MD. NAME (type or print) 22b. David D. Reeder degree or Title: M.D. DATE SIGNED (month, day, year) 22c. 5-2-77

MAILING ADDRESS-PHYSICIAN (street / city or town / state / zip) 23. 1900 Main St., Klamath Falls, Oregon 97601

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Mausoleum	CEMETERY OR CREMATORY-NAME 24b. Haven of Rest	LOCATION (city or town / state) 24c. Klamath Falls, Oregon	DATE (mo., day, year) 24d. 5-2-77

FUNERAL DIRECTOR-SIGNATURE 25a. [signature] FUNERAL HOME-NAME AND ADDRESS (street, city or town, state, zip) 25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

REGISTRAR-SIGNATURE 26a. Marian Peckham — DATE RECEIVED BY LOCAL REGISTRAR 26b. — DATE RECEIVED BY STATE REGISTRAR 27. MAY 16 1977

RESERVED FOR REGISTRAR'S USE 28.

Rel: Arthur W. Schaupp
226 S 4th
City

DATE ISSUED JUNE 17 1977

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 20th day of June A.D., 19 77 at 2:05 o'clock P M., and duly recorded in Vol M77, of DEEDS on Page 10797.

FEE $ 3.00

WM. D. MILNE, County Clerk
By [signature] Deputy