39938

373

Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. 77 Page 23514

State File Number

DECEASED

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

1. DECEASED—NAME (First / Middle / Last)	ROBERT ERNAST KURTZ
2. DATE OF DEATH (month, day, year)	November 2, 1977
3. RACE (White, Negro, American Indian, etc. (specify))	White
4. SEX	Male
5a. AGE—Last birthday (years)	70
5b. Under 1 year (mos. / days)	
5c. Under 1 day (hours / min.)	
6. DATE OF BIRTH (month, day, year)	July 28, 1907
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)	North Dakota
9. CITIZEN OF WHAT COUNTRY	USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11. NAME OF SPOUSE	Etta L. Kurtz
12. SOCIAL SECURITY NUMBER	540 - 18 - 0804
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Janitor - Retired
13b. KIND OF BUSINESS OR INDUSTRY	Ponderosa Nursing Home
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.	5649 Miller Avenue
15. FATHER—NAME (first / middle / last)	Christian Kurtz
16. MOTHER—Maiden Name (first / middle / last)	Carolina Hieb
17. INFORMANT—NAME and relationship to deceased	Etta L. Kurtz - Wife

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)	Carcinomatosis (hypernephroma)	30 years
due to, or as a consequence of: (b)		
due to, or as a consequence of: (c)	Nephrectomy carried out 1947 for hypernephroma)	

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)

AUTOPSY (yes or no) 19a. — 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 21. July 18 77 to month day year Nov 2 77 — And Last Saw Him/Her Alive on: month day year Nov 2 77 — I Did/Did Not view the body after death (specify) — DEATH OCCURRED (hour) 5:30 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE 22a. Raymond Tice MD — NAME (type or print) 22b. Raymond Tice — degree or Title M.D. — DATE SIGNED (month, day, year) 22c. 11-7-77

MAILING ADDRESS—PHYSICIAN 23. street 309 Medical-Dental Building — city or town Klamath Falls — state Oregon — zip 97601

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a. Burial — CEMETERY OR CREMATORY—NAME 24b. Eternal Hills — LOCATION city or town state 24c. Klamath Falls, Oregon — DATE (mo., day, year) 24d. Nov. 7, 1977

FUNERAL DIRECTOR—SIGNATURE 25a. James K. Ward — FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b. WARD'S - 1945 Main - Klamath Falls, Oregon 97601

REGISTRAR—SIGNATURE 26a. Marian Ackerman — DATE RECEIVED BY LOCAL REGISTRAR 26b. NOV 9 1977 — DATE RECEIVED BY STATE REGISTRAR 27.

RESERVED FOR REGISTRAR'S USE 28.

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)

MARJORIE S. COMER, Registrar Vital Statistics
By Marian Ackerman Deputy Registrar
Date NOV 9 1977 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of December A.D., 19 77 at 12:38 o'clock P M., and duly recorded in Vol. M77, of Deeds on Page 23514.

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

FEE $3.00