43876

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STATE OF OREGON HEALTH DIVISION
Vital Statistics Section

667
Local File Number

'76-012627
State File Number

CERTIFICATE OF DEATH

DECEASED—NAME (First, Middle, Last)	Andrew Zudell, Sr.
DATE OF DEATH	August 17, 1976
RACE	White
SEX	Male
AGE	91
DATE OF BIRTH	July 2, 1885
COUNTY OF DEATH	Jackson
CITY, TOWN, OR LOCATION OF DEATH	Medford
INSIDE CITY LIMITS	Yes
HOSPITAL OR OTHER INSTITUTION	Rogue Valley Hospital
STATE OF BIRTH (if not in U.S.A. name country)	Hungry
CITIZEN OF WHAT COUNTRY	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	Widowed
NAME OF SPOUSE	
SOCIAL SECURITY NUMBER	541-38-3173
USUAL OCCUPATION	Grocier
KIND OF BUSINESS OR INDUSTRY	Grocery
RESIDENCE—STATE	Oregon
COUNTY	Klamath
CITY, TOWN, OR LOCATION	Klamath Falls
INSIDE CITY LIMITS	Yes
STREET AND NUMBER	2919 Diamond
FATHER—NAME	— — —
MOTHER—MAIDEN NAME	— — —
INFORMANT	Andrew Zudell - Son

PART I. DEATH WAS CAUSED BY:
(a) Immediate cause: Aspiration — Interval: few minutes
(b) Due to, or as a consequence of: Cerebral Vascular accident — Interval: 2 weeks
(c)

PART II. OTHER SIGNIFICANT CONDITIONS:

AUTOPSY: No

ACCIDENT: No
INJURY AT WORK: No

CERTIFICATION—PHYSICIAN: Attended from Aug 5 76 to death; last saw alive Aug 17 76; I did not view the body; hour of death 10:10 AM

PHYSICIAN (signature) [signature]

NAME: John S. Corson — DATE SIGNED: Aug 20 76

MAILING ADDRESS: 2900 Doctors Park Drive, Medford, Oregon 97501

BURIAL, CREMATION, REMOVAL: Removal
CEMETERY OR CREMATORY NAME: Klamath Mem. Park
LOCATION: Klamath Falls, OR.
DATE: 8-20-76

FUNERAL DIRECTOR—SIGNATURE: [signature]
FUNERAL HOME NAME AND ADDRESS: Conger-Morris, 715 West Main, Medford, OR. 97501

REGISTRAR—SIGNATURE: [signature]
DATE RECEIVED BY LOCAL REGISTRAR: AUG 25 1976
DATE RECEIVED BY STATE REGISTRAR:

RESERVED FOR REGISTRAR'S USE

VS 2 R-69

Verlin Easthurn
Rt 5 Box 925 B Sp 53
K. F.

DATE ISSUED JANUARY 1978

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 1st day of March A.D., 19 78 at 9:41 o'clock A M., and duly recorded in Vol. M78 of Deeds on Page 3816.

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

FEE $3.00