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78 MAR 28 PH 3 51

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Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
EUGENE CLIFFORD GOETSCH					2. March 23, 1978	
RACE White, Black, American Indian, etc. (specify)	SEX	AGE—Last birthday (years)	Under 1 year		DATE OF BIRTH (month, day, year)	
3. White	4. Male	5a. 47	5b. mos. days hours min.		6. September 12, 1930	
COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		IF HOSP. OR INST. Indicate DGA, OP/Emr., Rm., Inpatient (Specify)	
7a. Klamath	7b. Klamath Falls		7c. Presbyterian Intercommunity		7d. Inpatient	
STATE OF BIRTH (if not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		IF WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8. Minnesota	9. USA	10. Married		11. Donna M. Goetsch		12. Yes
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13. 574 - 10 - 4447		14a. Retired		14b. U.S.A.F.		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a. Oregon	15b. Klamath	15c. Klamath Falls		15d. 3530 Hope Street		15e. No
FATHER—NAME first middle last	MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased			
16. Julius - Goetsch	17. Lena - Raaf		18. Donna M. Goetsch (Wife)			
BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME		LOCATION city or town state			
19a. Burial	19b. Eternal Hills Memorial Gardens		19c. Klamath Falls, Oregon 97601			
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a. D. [Signature]		20b. Ward's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a. [Signature] M.D.		21b. 3/25/78		21c. 2:08 P. M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d. F. Geoffrey Marx, M.D., Medical Dental Bldg., Klamath Falls, Oregon 97601				
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a. MAR 28 1978		22b. [Signature] D. Marian [Signature]				
PART I IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]		Interval between onset and death		
(a) Rupture of Myocardial Wall				10 min.		
(b) Acute Myocardial Infarction				1 wk		
(c) Atherosclerotic heart disease						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER		
24. No		25. Yes		25. No		
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
26a. No	26b. No	26c. M	26d. No			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE			
26e. No	26f. No	26g. No	26h. No			

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON

County of Klamath

I, [Signature], do hereby certify that the foregoing is a correct and complete transcript of the death on file with the Klamath County Department of Health.

MARJORIE S. CONER, Registrar Vital Statistics

By [Signature] Deputy Registrar

Date MAR 28 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH, ss:

I hereby certify that the within instrument was received and filed for record on the 28th day of March, A.D., 19 78 at 3:51 o'clock P. M., and duly recorded in Vol. 178 of Deaths on Page 5905.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy