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Local File Number

CERTIFICATE OF DEATH

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State File Number

1 DECEASED—NAME First: HANS Middle: WERNER Last: GLAVA			2 DATE OF DEATH (month, day, year): JANUARY 8, 1978
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Male	5a AGE—Last birthday (years): 63	DATE OF BIRTH (month, day, year): 5b Under 1 year mos. days; 5c Under 1 day hours min.; 6 June 12, 1914
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity Hospital	7d IF HOSP. OR INST. (Specify DOA, OP/Emer., Rm., Inpatient [Specify]): Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): Minnesota	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	SPOUSE (IF MARRIED, WIDOWED): 11 Elaine V. Glava
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO			
13 SOCIAL SECURITY NUMBER: 536-03-0176	USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 14a Electrician	KIND OF BUSINESS OR INDUSTRY: 14b Weyerhaeuser Timber Company	
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 3840 Shasta Way 97601
5e Inside City Limits (specify yes or no): NO			
16 FATHER—NAME first middle last: John - Glava	17 MOTHER—Maiden Name first middle last: Elsie - Enzman	18 INFORMANT—NAME and relationship to deceased: Elaine V. Glava, wife	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory	19c LOCATION city or town state: Klamath Falls, Oregon 97601	
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: [illegible]	NAME AND ADDRESS OF FACILITY 20b: DAVENPORT'S Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601		
To be Completed by CERTIFYING PHYSICIAN Only: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a [Signature]: Blake Berven	DATE SIGNED [Mo., Day, Yr.] 21b: January 9, 1978	HOUR OF DEATH 21c: 0143 A M	
NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d: BLAKE BERVEN, MD, PC, Medical Dental Bldg, 905 Main St., Klamath Falls, Oregon			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e:			
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a: JAN 10 1978	REGISTRAR 22b [Signature]: Marian Ackerman		

PART I — 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) Aspiration pneumonia — Interval between onset and death: 1 hr - 5

DUE TO, OR AS A CONSEQUENCE OF:

(b) COPD, alcoholism, alcoholic gastritis — Interval between onset and death: years

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT [Specify Yes or No] 26a	DATE OF INJURY [Mo, Day, Yr] 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY [Specify Yes or No] 24: No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 [Specify Yes or No]: NO
INJURY AT WORK [Specify Yes or No] 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g			

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

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 JAN 11 1978 19

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 6th day of April A.D., 19 78 at 4:22 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 6682.

FEE $3.00

Return to TA

WM. D. MILNE, County Clerk

By Bernetha V. Kubick Deputy