STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M 79 Page 18227

71617 82
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME	First: Harry	Middle: E.	Last: Schoenberg	2 DATE OF DEATH (month, day, year)	March 7, 1979
3 RACE White, Black, 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): December 13, 1908
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)	506 Owens St. (Residence)
7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]	—				
8 STATE OF BIRTH (If not in U.S.A., name country)	Idaho	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Virginia M. Schoenberg	WAS DECEDENT EVER IN U.S ARMED FORCES? [Specify Yes or No]	No		
13 SOCIAL SECURITY NUMBER	541-03-4777	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a	Supervisor	14b KIND OF BUSINESS OR INDUSTRY	Lumber
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	506 Owens St. 97601	Inside City Limits (specify yes or no) 15e	Yes		
16 FATHER—NAME first middle last	Frank W. Schoenberger	17 MOTHER—Maiden Name first middle last	Grace Lounder	18 INFORMANT—NAME and relationship to deceased	Dene Schoenberg, son
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial	19b CEMETERY OR CREMATORY—NAME	Eternal Hills Memorial Gardens	19c LOCATION city or town state	Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]	[signature]	20b NAME AND ADDRESS OF FACILITY	Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 976		
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]	[signature]	21b DATE SIGNED [Mo., Day, Yr.]	March 9, 1979	21c HOUR OF DEATH	10:00 P. M
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]	Blake Berven M.D. Medical Dentl. Bld., Klamath Falls, Ore. 97601				
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	MAR 9 1979	22b REGISTRAR [Signature]	[signature]		

23 PART I	[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]	Interval between onset and death
(a) IMMEDIATE CAUSE	Acute myocardial infarction	1 min
(b) DUE TO, OR AS A CONSEQUENCE OF:	ASHD	Indefinite
(c) DUE TO, OR AS A CONSEQUENCE OF:		

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	AUTOPSY [Specify Yes or No] 24	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 [Specify Yes or No]
Pituitary adenoma	No	Yes

ACCIDENT [Specify Yes or No] 26a	DATE OF INJURY [Mo, Day, Yr] 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d
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 Services.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Marian Ackerman Deputy Registrar
Date MAR 9 1979
VOID IF ALTERED

Return to:
H.F. SMITH
Attorney at Law
540 Main Street
Klamath Falls, OR 97601

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 31st day of July A.D., 19 79 at 1:59 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 18227.

FEE $3.00

WM. D. MILNE, County Clerk
By Dorothea Deputy