71775

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

Vol. 79 Page 18464

262

CERTIFICATE OF DEATH

Local File Number — State File Number

DECEASED—NAME 1 First: MANDY Middle: – Last: ZUPAN			DATE OF DEATH (month, day, year) 2 July 25, 1979
RACE White, Black, American Indian, etc. (specify) 3 White	SEX 4 Female	AGE—Last birthday (years) 5a 82 (Under 1 year: mos. 5b, days; Under 1 day: hours 5c, min.)	DATE OF BIRTH (month, day, year) 6 July 15, 1897
COUNTY OF DEATH 7a Klamath	CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c 811 Plum Street	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient [Specify] 7d Home
STATE OF BIRTH (If not in U.S.A., name country) 8 Yugoslavia	CITIZEN OF WHAT COUNTRY 9 Yugoslavia	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Widowed	SPOUSE (IF MARRIED, WIDOWED) 11 Peter J. Zupan	WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No] 12 No
SOCIAL SECURITY NUMBER 13 –	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b At home	
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 811 Plum Street 97601	Inside City Limits (specify yes or no) 15e Yes
FATHER—NAME first middle last 16 John – Colse	MOTHER—Maiden Name first middle last 17 Kata – Stippich	INFORMANT—NAME and relationship to deceased 18 Jack Zupan (Son)	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Mt. Calvary Cemetery	LOCATION city or town state 19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] 20a James R. Elliott	NAME AND ADDRESS OF FACILITY 20b WARDS – 1945 Main – 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] Mark S. Kochevar MD
CERTIFIER — NAME AND TITLE (Type or print)
21d Mark S. Kochevar, M.D. / 1905 Main / Klamath Falls, Oregon 97601
MAILING ADDRESS (Street, city or town, state, zip)
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]
21e

DATE SIGNED [Mo., Day, Yr.] 21b 7-28-79
HOUR OF DEATH 21c About 6:00 AM

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a JUL 30 1979
REGISTRAR 22b [Signature] JoAnne Pratt

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

(a) Cardiac arrhythmia — Interval between onset and death: 15 min
DUE TO, OR AS A CONSEQUENCE OF:
(b) Myocardial Infarction — Interval between onset and death: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(c) Arteriosclerotic heart disease — Interval between onset and death: 20 yrs

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

AUTOPSY [Specify Yes or No] 24 No
WAS CASE REFERRED TO MEDICAL EXAMINER 25 [Specify Yes or No] Yes

ACCIDENT [Specify Yes or No] 26a No
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-8-78 P-65412

Rch Jack Zupan
4415 Rock Dr
city

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 JoAnne Pratt, Deputy Registrar
Date JUL 30 1979
VOID IF ALTERED

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

309 co
Pd

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 2nd day of August A.D., 19 79 at 3:02 o'clock P.M., and duly recorded in Vol. M79, of Deeds on Page 18464.

WM. D. MILNE, County Clerk
By Bernetha Aketsch Deputy

FEE $3.50