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

Vol. M 79 Page 23422

74911 300

CERTIFICATE OF DEATH

Local File Number

State File Number

1 DECEASED—NAME: First Anna | Middle Z. | Last Lahoda

2 DATE OF DEATH (month, day, year): September 3, 1979

3 RACE White, Black, American Indian, etc.(specify): White

4 SEX: Female

5a AGE—Last birthday (years): 85

5b Under 1 year: mos. | days

5c Under 1 day: hours | min.

6 DATE OF BIRTH (month, day, year): November 5, 1893

7a COUNTY OF DEATH: Klamath

7b CITY, TOWN OR LOCATION OF DEATH: Malin

7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 2116 Rosicky St.

7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: —

8 STATE OF BIRTH (If not in U.S.A., name country): Nebraska

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed

11 SPOUSE (IF MARRIED, WIDOWED): Emmett Joseph Lahoda

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 541-30-1956

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY:

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Malin

15d STREET AND NUMBER OR R.F.D., ZIP: 2116 Rosicky St. 97632

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Frank Zumpfe

17 MOTHER—Maiden Name first middle last: Marie Kumpost

18 INFORMANT—NAME and relationship to deceased: Paul L. Lahoda, Son

19a BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Malin Community Cemetery

19c LOCATION city or town state: Malin, Oregon

20a FUNERAL SERVICE LICENSEE Or person acting As Such [Signature]: Mike Olsen

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 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 MD

21b DATE SIGNED [Mo., Day, Yr.]: 9/4/79

21c HOUR OF DEATH: 1:00 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Blake Berven M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 4 1979

22b REGISTRAR [Signature]: Marian Ackerman

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

23 IMMEDIATE CAUSE (a): Acute myocardial infarction — Interval between onset and death: 10 min

DUE TO, OR AS A CONSEQUENCE OF (b): ASHD — Interval between onset and death: 10 YRS

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): Asthmatic bronchitis pulmonary congestion

AUTOPSY [Specify Yes or No]: No

25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or 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

Paul Lahoda
Box 11
Malin, Or.

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date SEP 5 1979

VOID IF ALTERED

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 3rd day of October A.D., 1979 at 2:34 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 23422.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernethar Hitch Deputy