

77705

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

Vol. 79 Page 28100

CERTIFICATE OF DEATH

Local File Number 426 State File Number

DECEASED—NAME First Middle Last
1 Irwin Carl Drewelow

DATE OF DEATH (month, day, year)
2 November 16, 1979

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

SEX
4 Male

AGE—Last birthday (years)
5a 74

Under 1 year
5b mos days

Under 1 day
5c hours min

DATE OF BIRTH (month, day, year)
6 March 30, 1905

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 Merle West Medical Center

IF HOSP OR INST indicate DOA, OP, Emer, Rm., Inpatient (Specify)
7d Inpatient

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

CITIZEN OF WHAT COUNTRY
9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
10 Married

SPOUSE (IF MARRIED, WIDOWED)
11 Lynda J. Drewelow

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

SOCIAL SECURITY NUMBER
13 477-18-0831

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

KIND OF BUSINESS OR INDUSTRY
14b Agriculture

RESIDENCE—STATE
15a Oregon

COUNTY
15b Klamath

CITY, TOWN, OR LOCATION
15c Malin

STREET AND NUMBER OR R.F.D., ZIP
15d Star Route Box 51

Inside City Limits (specify yes or no)
15e NO

FATHER—NAME first middle last
16 George Drewelow

MOTHER—Maiden Name first middle last
17 Marie Martin

INFORMANT—NAME and relationship to deceased
18 Lynda J. Drewelow - wife

LOCATION city or town state
19c Malin, Oregon

BURIAL, CREMATION, REMOVAL, MAVS. (specify)
19a Burial

CEMETERY OR CREMATORY—NAME
19b Malin Community Cemetery

FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)
20a [Signature]

NAME AND ADDRESS OF FACILITY
20b O'Hair's Funeral Chapel, 515 Pine St. 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.
21a [Signature] Dr. Byron T. Sagunsky

CERTIFIER—NAME AND TITLE (Type or print)
21b 11/19/79

DATE SIGNED (Mo., Day, Yr.)
21c 10:00 A. M

HOUR OF DEATH
21d Dr. Byron T. Sagunsky Medical - Dental Building Klamath Falls, Ore. 9760

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
22a NOV 19 1979

REGISTRAR
22b [Signature] Marian Ackerman

PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
23 (a) Respiratory Failure
23 (b) Chronic Obstructive Pulmonary Disease

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
24 AUTOPSY (Specify Yes or No) No

WAS CASE REFERRED TO MEDICAL EXAMINER
25 (Specify Yes or No) No

ACCIDENT (Specify Yes or No)
26a

DATE OF INJURY (Mo., Day, Yr.)
26b

HOUR OF INJURY
26c

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
26g

STREET OR R.F.D. NO CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

Ref: Lynda J. Drewelow
Star Rte Box 51
Malin, Ore -

VS-2 Rev-8-78 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

By [Signature] Deputy Registrar
Date NOV 19 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 4th day of December A.D., 19 79 at 4:49 o'clock P M., and duly recorded in Vol. 179 of Deeds on Page 28100.

FEE \$3.50

WM. D. MURRE, County Clerk

By [Signature] Deputy