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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. 79 Page 28842TYPE
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CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number
1 <u>JULIA</u>		<u>H.</u>	<u>HOGAN</u>	DATE OF DEATH (month, day, year) 2 <u>November 29, 1979</u>	
RACE White, Black, American Indian, etc. (specify) 3 <u>White</u>		SEX 4 <u>Female</u>	AGE—Last birthday (years) 5a <u>69</u>	Under 1 year 5b <u>mus.</u> <u>days</u> <u>hours</u> <u>min</u>	DATE OF BIRTH (month, day, year) 6 <u>March 14, 1910</u>
COUNTY OF DEATH 7a <u>Klamath</u>		CITY, TOWN OR LOCATION OF DEATH 7b <u>Klamath Falls</u>		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7c <u>Klamath County Nursing Home</u>	
STATE OF BIRTH (if not in U.S.A., name country) 8 <u>New York</u>		CITIZEN OF WHAT COUNTRY 9 <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <u>Widowed</u>	
SOCIAL SECURITY NUMBER 13 <u>122 - 12 - 8982</u>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <u>Homemaker</u>		SPOUSE (IF MARRIED, WIDOWED) 11 <u>Edward J. Hogan</u>	
RESIDENCE—STATE 15a <u>Oregon</u>		COUNTY 15b <u>Klamath</u>	CITY, TOWN, OR LOCATION 15c <u>Klamath Falls</u>	KIND OF BUSINESS OR INDUSTRY 14b <u>Homemaking</u>	
FATHER—NAME first middle last 16 <u>Anthony Zembrzski</u>		MOTHER—Maiden Name first middle last 17 <u>Laura Szyplulka</u>		STREET AND NUMBER OR R.F.D., ZIP 15d <u>1127 N. 8th Street</u> <u>97601</u>	
BURIAL, CREMATION, REMOVAL, MAUS., (specify) 19a <u>Cremation</u>		CEMETERY OR CREMATORY—NAME 19b <u>Eternal Hills Memorial Gardens</u>		INFORMANT—NAME and relationship to deceased 18 <u>Frank Zembrzski - Brother</u>	
FUNERAL SERVICE LICENSEE OR person Acting As Such (Signature) 20a <u>James A. Howard</u>		NAME AND ADDRESS OF FACILITY 20b <u>Ward's Klamath Funeral Home / 1945 Main / Klamath Falls, Ore.</u>		LOCATION city or town state 19c <u>Klamath Falls, Oregon</u>	
To be Completed by Certifying Physician Only 21a (Signature) <u>Everett E. Howard</u>		DATE SIGNED (Mo., Day, Yr.) 21b <u>December 3, 1979</u>		HOUR OF DEATH 21c <u>3:30</u> <u>p</u> <u>M</u>	
CERTIFIER—NAME AND TITLE (Type or print) 21d <u>Everett E. Howard, M.D. / 2622 Campus Drive / Klamath Falls, Oregon 97601</u>		MAILING ADDRESS (Street, city or town, state, zip)			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>Dec. 3, 1979</u>		REGISTRAR 22b (Signature) <u>Marian Ackerman</u>	
PART I (a) <u>CEREBROVASCULAR ACCIDENT</u>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>12 Hours</u>	
(b) <u>ARTERIOSCLEROSIS</u>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <u>Years</u>	
(c) <u>Diabetes, Duodenal ulcers</u>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
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 <u>No</u>		WAS CASE REFERRED TO MEDICAL EXAMINER 25 [Specify Yes or No] <u>No</u>	
ACCIDENT [Specify Yes or No] 26a <u>No</u>		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

AFTER RECORDING RETURN TO:

Blair M. Henderson
426 Main St.
Klamath Falls, ORSTATE 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 DEC 7 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 17th day of December A.D., 19 79 at 10:25 o'clock A M., and duly recorded in Vol. 179 of Deeds on Page 28842.

FEE \$3.50

WM. D. MILNE, County Clerk

By James A. Howard Deputy

VS-2 Rev-8-78 P-65412