80649

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

Vol. M80 Page 2896

CERTIFICATE OF DEATH

1980 FEB 13 PM 1 05

Local File Number — State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

Item	Entry
1 DECEASED—NAME (First, Middle, Last)	Ida Mary Edna SPANGLER
2 DATE OF DEATH (month, day, year)	January 19, 1980
3 RACE White, Black, American Indian, etc. (specify)	White
4 SEX	Female
5a AGE—Last birthday (years)	73
5b Under 1 year (mos., days)	
5c Under 1 day (hours, min.)	
6 DATE OF BIRTH (month, day, year)	December 23, 1906
7a COUNTY OF DEATH	Jackson
7b CITY, TOWN OR LOCATION OF DEATH	Medford
7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Rogue Valley Hopital
7d IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country)	Colorado
9 CITIZEN OF WHAT COUNTRY	USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Francis
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No
13 SOCIAL SECURITY NUMBER	543-10-3266
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Waitress
14b KIND OF BUSINESS OR INDUSTRY	Restaurant
15a RESIDENCE—STATE	Oregon
15b COUNTY	Klamath
15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	2227 Eberlein 97601
15e Inside City Limits (specify yes or no)	yes
16 FATHER—NAME first middle last	Frank Schmeck
17 MOTHER—Maiden Name first middle last	Fannie -
18 INFORMANT—NAME and relationship to deceased	Francis Spangler Husband

DISPOSITION

Item	Entry
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial
19b CEMETERY OR CREMATORY—NAME	Klamath Memorial Park
19c LOCATION city or town, state	Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)	Beverly H. Morris
20b NAME AND ADDRESS OF FACILITY	Conger-Morris 715 W. Main Street Medford, Oregon

CERTIFIER (To be Completed by CERTIFYING PHYSICIAN Only)

Item	Entry
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	[signature]
21b DATE SIGNED (Mo., Day, Yr.)	JAN 23 1980
21c HOUR OF DEATH	8:24 P. M
21d CERTIFIER — NAME AND TITLE (Type or print) / MAILING ADDRESS (Street, city or town, state, zip)	YALE SACKS, M.D. ... Rd, MEDFORD, Or 97501
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	JAN 23 1980
22b REGISTRAR (Signature)	Rachel White

CAUSE OF DEATH

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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

	Cause	Interval between onset and death
(a) IMMEDIATE CAUSE	Arrhythmia	immed.
(b) DUE TO, OR AS A CONSEQUENCE OF	Acute Myelo... Leukemia	3 wks
(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)

24 AUTOPSY (Specify Yes or No): No

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

Item	Entry
26a ACCIDENT (Specify Yes or No)	No
26b DATE OF INJURY (Mo, Day, Yr)	
26c HOUR OF INJURY	
26d DESCRIBE HOW INJURY OCCURRED	
26e INJURY AT WORK (Specify Yes or No)	No
26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

JACKSON COUNTY OREGON

VS-2 Rev-8-78 P-65412

STATE OF OREGON — CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

Albert R Kearns MD
REGISTRAR, VITAL STATISTICS

DATE JAN 24 1980

(SEAL)

BY: Rachel White

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

Ret: Marianne Olson 11660 SW Fanner Tigard, Or. 97223
cash 3.50

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 13th day of February A.D., 19 80 at 1:05 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 2896

WM. D. MILNE, County Clerk
By Bernetha G Letsch Deputy

FEE $3.50