

85315

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
1 MICHAEL		H.	SCHMIDT	2 June 2, 1980		
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year		DATE OF BIRTH (month, day, year)
3 White		4 Male	5a 32	5b mos.	5c days	6 June 2, 1948
COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify)	
7a Klamath	7b Klamath Falls		7c West Medical Center		7d DOA Emer Rm	
STATE OF BIRTH (if not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Oregon	9 U.S.A.	10 Married		Kathleen Schmidt		12 No
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY			
13 543-54-3035	14a Cabinet Maker		14b Building Trades			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a Oregon	15b Klamath	15c Keno		15d Bald Eagle Court 9762		15e No
FATHER—NAME first middle last	MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased			
16 Richard G. Schmidt	17 Juanita E. Johnson		18 Kathleen Joan Schmidt, wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME		LOCATION city or town state			
19a Burial	19b Mt. Calvary Cemetery		19c Klamath Falls, Oregon 97601			
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature)	NAME AND ADDRESS OF FACILITY		Davenport's Chapel of the Good Shepherd,			
20a William J. Davenport	20b 6420 South Sixth Street, Klamath Falls, Oregon 97601					
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, (Signature)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a [Signature] D Everett E. Howard		21b 6-3-80		21c 9:10 A M		
NAME AND ADDRESS OF CERTIFIER (Type or Print)						
21d Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
21e						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a JUN 5 1980		22b [Signature] D Marian Ackerman				
PART I IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).			Interval between onset and death	
(a) PROBABLE ACUTE ANTERIOR INFARCTION					MINUTES	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) OLD ANTERIOR INFARCTION					YEARS	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c)						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER		
22 DIABETES MELLITUS		24 No		25 Yes		
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo, Day, Yr)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
26a	26b	26c	26d			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION		STREET OR R.F.D. NO. CITY OR TOWN STATE		
26e	26f	26g				

RESERVED FOR REGISTRAR'S USE

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 RegistrarDate JUN 6 1980

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 9th day of JUNE A.D., 1980 at 12:13 o'clock P M., and duly recorded in Vol. 80 of DEEDS on Page 10509.

FEE \$ 3.50

WM. D. MILNE, County Clerk

By Harold Drayton Deputy80124-114-
Keno Che
97622