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

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200 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

1 DECEASED—NAME: First GEORGE	Middle CHRISTIAN	Last FISCHER	2 DATE OF DEATH (month, day, year): May 30, 1980			
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Male	5a AGE—Last birthday (years): 78	5b Under 1 year: mos. / days	5c Under 1 day: hours / min.	6 DATE OF BIRTH (month, day, year): December 8, 1901	
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 1527 Wilford	7d IF HOSP OR INST indicate DOA, OP, Emer, Rm, Inpatient [Specify]: Home			
8 STATE OF BIRTH (If not in U.S.A., name country): Missouri	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Cathleen Fischer		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	
13 SOCIAL SECURITY NUMBER: 541 - 09 - 9274	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpenter - retired		14b KIND OF BUSINESS OR INDUSTRY: Construction			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 1527 Wilford 97601		15e Inside City Limits (specify yes or no): Yes	
16 FATHER—NAME first middle last: Christian Fischer	17 MOTHER—Maiden Name first middle last: Mary Strong		18 INFORMANT—NAME and relationship to deceased: Cathleen Fischer (Wife)			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematorium		19c LOCATION city or town state: Klamath Falls, Oregon 97601			
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: [signature]	20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., 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. 21a [Signature]: [signature] M.D.	21b DATE SIGNED (Mo., Day, Yr.): 6-2-80	21c HOUR OF DEATH: 6:30 P.M				
21d CERTIFIER — NAME AND TITLE (Type or print): Alden B. Glidden, M.D.	MAILING ADDRESS (Street, city or town, state, zip): 2680 "B" Uhrmann Road, Klamath Falls, Oregon 97601					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:						
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUN 2 1980	22b REGISTRAR [Signature]: [signature]					

To Be Completed by CERTIFYING PHYSICIAN Only

PART I			Interval between onset and death
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]	(a)	Pneumonia	acute
DUE TO, OR AS A CONSEQUENCE OF:	(b)	Congestive heart disease	chronic
DUE TO, OR AS A CONSEQUENCE OF:	(c)	Chronic Bronchitis COPD	chronic

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): Yes	

26a ACCIDENT (Specify Yes or 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)	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

Return:
A. L. Schow Jr
1918 Ogden
K. Falls, Or 97601

VS-2 Rev-8-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH) ss — DATE ISSUED JULY 1 1980

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

STATE REGISTRAR

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of July A.D., 19 80 at 11:12 o'clock A M., and duly recorded in Vol M80, of Deeds on Page 12398.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Heloch Deputy