STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

95153 — Vol. M81 — Page 1279

Local File Number: 480

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First GERBEN; Middle GEORGE; Last deVRIES	2 DATE OF DEATH (month, day, year): December 31, 1980
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Male
5a AGE—Last birthday (years): 81	5b Under 1 year: mos. / days; 5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): March 21, 1899	
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Co. Nursing Home
7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient	7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Holland	9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Helen I. Smith
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No	
13 SOCIAL SECURITY NUMBER: 558-26-2527	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Real Estate Broker
14b KIND OF BUSINESS OR INDUSTRY: Self Employed	
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 1117 Tamara 97601
15e Inside City Limits (specify yes or no): No	
16 FATHER—NAME first middle last: Johannes — deVries	17 MOTHER—Maiden Name first middle last: Egberdiena — Appelo
18 INFORMANT—NAME and relationship to deceased: Helen I. deVries, wife	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
19c LOCATION city or town state: Klamath Falls, Oregon 97601	
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport	20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: James F. Novak MD	DATE SIGNED [Mo., Day, Yr.] 21b: 1-5-1981
HOUR OF DEATH 21c: 1:30 P M	
NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d: James F. Novak, MD, 1905 Main Street, Klamath Falls, Oregon 97601	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e:	
DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a: JAN 5 1981	REGISTRAR 22b [Signature]: Claudia Francis

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
- (a) Cardiorespiratory Arrest — Interval between onset and death: 10 minutes
- DUE TO, OR AS A CONSEQUENCE OF:
- (b) Respiratory Infection — Interval between onset and death: 4 days
- DUE TO, OR AS A CONSEQUENCE OF:
- (c) Cerebrovascular Accident — Interval between onset and death: 4 years

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Hypertension

AUTOPSY [Specify Yes or No] 24: No

WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] 25: No

ACCIDENT [Specify Yes or No] 26a: No	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

HS-2 Rev-1-00

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

(SEAL)

By Claudia Francis, Deputy Registrar

Date JAN 6 1981

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 27th day of January A.D., 1981 at 1:14 o'clock P M., and duly recorded in Vol M81 of Deeds on page 1279.

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK
by Bernetha Aletsch deputy