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RESERVED FOR REGISTRAR'S USE

Paul E. Krauss

P.O. Box 1584

K. Fall. Or.

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

By Louise Francis, Deputy Registrar

Date JUN 23 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

26th day of June 81 10:56 o'clock A M., and duly recorded in

Vol M81 of Deeds on page 11559.

Fee \$ 3.50

EVELYN BIEHN

COUNTY CLERK

By Bernetha J. Schuch Deputy

cal 350

Local File Number <u>251</u>		State File Number	
DECEASED—NAME First Middle Last <u>Velma Lee Krauss</u>		DATE OF DEATH (month, day, year) <u>2 June 22, 1981</u>	
1 RACE White, Black, American Indian, etc. (specify) <u>White</u>	2 SEX <u>Female</u>	3 AGE—Last birthday (years) <u>82</u>	4 DATE OF BIRTH (month, day, year) <u>6 November 15, 1898</u>
5 CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>	6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) <u>Klamath Co. Nursing Home</u>	7 IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify) <u>Inpatient</u>	8 COUNTY OF DEATH <u>Klamath</u>
9 STATE OF BIRTH (If not in U.S.A., name country) <u>Louisiana</u>	10 CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>Married</u>	12 SPOUSE (IF MARRIED, WIDOWED) <u>Paul E. Krauss</u>
13 SOCIAL SECURITY NUMBER <u>542-26-3869</u>	14 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <u>Hairdresser</u>	15 KIND OF BUSINESS OR INDUSTRY <u>Beauty Shop: Owner</u>	
16 RESIDENCE—STATE <u>Oregon</u>	17 COUNTY <u>Klamath</u>	18 CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	19 STREET AND NUMBER OR R.F.D., ZIP <u>2014 Beaver St. 97601</u>
20 FATHER—NAME first middle last <u>Ivy H. Lee</u>	21 MOTHER—Maiden Name first middle last <u>Socenia Newson</u>	22 INFORMANT—NAME and relationship to deceased <u>Paul E. Krauss, Husband</u>	
23 BURIAL, CREMATION, REMOVAL, MAUS. (specify) <u>Burial</u>	24 CEMETERY OR CREMATORY—NAME <u>Eternal Hills Memorial Gardens</u>	25 LOCATION city or town state <u>Klamath Falls, Oregon</u>	
26 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <u>Mike O'Hair</u>	27 NAME AND ADDRESS OF FACILITY <u>O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,</u>		
28 To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <u>Everett E. Howard</u>	29 DATE SIGNED (Mo., Day, Yr.) <u>6.23.81</u>	30 HOUR OF DEATH <u>7:25 P. M.</u>	
31 NAME AND ADDRESS OF CERTIFIER (Type or Print) <u>Everett E. Howard, M.D., 2622 Campus Dr., Klamath Falls, Ore. 97601</u>	32 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
33 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <u>JUN 23 1981</u>	34 REGISTRAR <u>Louise Francis</u>		
35 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <u>CARDIAC DECOMPENSATION</u>	36 Interval between onset and death <u>7 DAYS</u>		
37 (a) DUE TO, OR AS A CONSEQUENCE OF:	38 Interval between onset and death		
39 (b) DUE TO, OR AS A CONSEQUENCE OF:	40 Interval between onset and death <u>3 DAY</u>		
41 (c) <u>DIAPHRAGMATIC</u>	42		
43 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <u>Recent CVA</u>	44 AUTOPSY (Specify Yes or No) <u>No</u>	45 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <u>No</u>	
46 ACCIDENT (Specify Yes or No) <u>No</u>	47 DATE OF INJURY (Mo., Day, Yr.) <u>26c</u>	48 HOUR OF INJURY <u>26d</u>	49 DESCRIBE HOW INJURY OCCURRED <u>26e</u>
50 INJURY AT WORK (Specify Yes or No) <u>26f</u>	51 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <u>26g</u>	52 LOCATION <u>26h</u>	53 STREET OR R.F.D. NO. CITY OR TOWN STATE <u>26i</u>