2104

Vol. M81 Page 13970

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

300
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First: Agnes; Middle: Evangeline; Last: Schreiner

2 DATE OF DEATH (month, day, year): July 25, 1981

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Female

5a AGE—Last birthday (years): 76

5b Under 1 year: months / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): November 9, 1904

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

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): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Lester B. Schreiner

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 542-44-4092

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: -

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Malin

15d STREET AND NUMBER OR R.F.D., ZIP: Star Rt., Box 30 97632

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: James Enman

17 MOTHER—Maiden Name first middle last: Cora McGauhey

18 INFORMANT—NAME and relationship to deceased: Lester B. Schreiner, Husband

19a BURIAL, CREMATION, REMOVAL, MAUSL (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Mt. Laki Cemetery

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): Mark Glos

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

To the Best of My Knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a CERTIFYING PHYSICIAN Only (Signature): Kenneth L. Tuttle M.D.

21b DATE SIGNED (Mo., Day, Yr.): 7-28-81

21c HOUR OF DEATH: 8:45 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth L. Tuttle, M.D., 2680 Uhrmann Rd., Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUL 29 1981

22b REGISTRAR (Signature): Marian Ackerman

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

PART I (a) Ruptured Cerebral Aneurism — Interval between onset and death: 10 min

DUE TO, OR AS A CONSEQUENCE OF:

(b) Ruptured abdominal aortic aneurysm — Interval between onset and death: 5 days

DUE TO, OR AS A CONSEQUENCE OF:

(c) Arteriosclerosis — Interval between onset and death:

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 MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)

26b DATE OF INJURY (Mo., Day, Yr.)

26c HOUR OF INJURY M

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

MS-2 Rev-1-80

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 Registrar

Date JUL 29 1981

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

6/23/82 Issued

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of August A.D., 1981 at 11:00 o'clock A M., and duly recorded in Vol M81 of Deeds on Page 13970.

Fee $ 3.50

EVELYN BIEHN
COUNTY CLERK

By Kenneth Ivers Deputy