

4247

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CERTIFICATE OF DEATH

RETURN TO:
Del Parks
228 North 7th
Klamath Falls, OR

Vital Records Unit

Local File Number

State File Number

DECEASED—NAME		First		Middle		Last		State File Number	
JOSEPH		XAVIER		CAMENZIND				2	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year		DATE OF DEATH (month, day, year)	
3 White		4 Male		77		Under 1 day		August 14, 1981	
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., Pm., Inpatient (Specify)		DATE OF BIRTH (month, day, year)		6	
7a Klamath Falls		7b West Medical Center		7c Inpatient		July 16, 1904		7d Klamath	
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 DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 California		9 U.S.A.		10 Married		11 Preble		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					
13 700 - 18 - 0559		14a Switchman - Retired		14b Southern Pacific Railroad					
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 Klamath Falls		15d 5144 Avalon Street		15e No	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased					
16 Charles Camenzind		17 Elizabeth Waggoner		18 Preble Camenzind - 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					
FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY							
20a [Signature]		20b WARD'S - 1945 Main - Klamath Falls, Ore. 97601							
21a [Signature]		21b [Signature]		DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH			
21c NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d William A. Bartlett, MD / 2860 Daggett / Klamath Falls, Ore. 97601		21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f			
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR							
22a AUG 20 1981		22b [Signature]		Marian Ackerman					
PART I IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)							
(a) Due to, OR AS A CONSEQUENCE OF:		Nahwal cause		Interval between onset and death					
(b) Due to, OR AS A CONSEQUENCE OF:		Overexertion as kidney stone		Interval between onset and death		Years			
(c) Due to, OR AS A CONSEQUENCE OF:				Interval between onset and death					
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 MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
23 Myocardial infarction - Aortic dissection		No		No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
24a No		24b		24c		24d			
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	
25a		25b		25c		25d		25e	
RESERVED FOR REGISTRAR'S USE									

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 [Signature] Deputy Registrar

DATE AUG 21 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

11 day of September A.D., 1981 at 3:36 o'clock p.M., and duly recorded in

Vol M-81 of Deeds on page 16185.

Fee \$4.00

EVELYN BIEHN
COUNTY CLERK

[Signature] deputy