

5824 CERTIFICATE OF DEATH

Vital Records Unit

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TYPE OR PRINT
IN PERMANENT
BLACK INK
FOR INSTRUCTIONS
SEE HANDBOOK

DECEDENT
IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
CERTIFICATE ITEMS.

POSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
TATING THE
UNDERLYING
CAUSE LAST

USE OF
DEATH

DECEASED—NAME First: SYLVIA Middle: A. Last: LEITZKE		State File Number	
RACE: White, Black, American Indian, etc. (Specify): White		DATE OF DEATH (month, day, year): 2 October 20, 1981	
SEX: Female		DATE OF BIRTH (month, day, year): 6 November 19, 1911	
CITY, TOWN OR LOCATION OF DEATH: Klamath Falls		COUNTY OF DEATH: Klamath	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center		IF HOSP. OR INST. indicate DOA, OP/Emgr., Am., Inpatient (Specify): Inpatient	
STATE OF BIRTH (If not in U.S.A., name country): Canada		CITIZEN OF WHAT COUNTRY: U.S.A.	
SOCIAL SECURITY NUMBER: 543-05-4738		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	
RESIDENCE—STATE: Oregon		SPOUSE (IF MARRIED, WIDOWED): Lincoln Leitzke	
COUNTRY: Klamath		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	
CITY, TOWN, OR LOCATION: Klamath Falls		KIND OF BUSINESS OR INDUSTRY: Banking	
STREET AND NUMBER OR R.F.D., ZIP: Rt 3 Box 220 97601		USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Collections	
FATHER—NAME first middle last: Stewart Archie Wilder		MOTHER—Maiden Name first middle last: Emma — Burns	
BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial		INFORMANT—NAME and relationship to deceased: Lincoln C. Leitzke, husband	
CEMETERY OR CREMATORY—NAME: Klamath Memorial Park		LOCATION: Klamath Falls, Oregon 97601	
FUNERAL SERVICE LICENSEE (If Person Acting As Such): William J. Davenport		NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
20a (Signature) Kenneth K. Magee		DATE SIGNED (Mo., Day, Yr.): 10-24-81	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 97601		HOUR OF DEATH: 8:30 P.M.	
21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):		21c	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 23 1981		REGISTRAR: (Signature) M. Ackerman	
23 IMMEDIATE CAUSE: Cardiac arrest		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c):	
1 (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death: minutes	
(b) Large Acute Myocardial Infarction		Interval between onset and death: 6 hrs	
(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)			
ACCIDENT (Specify Yes or No): No	DATE OF INJURY (Mo., Day, Yr.):	HOUR OF INJURY:	DESCRIPTIVE HOW INJURY OCCURRED:
26a INJURY AT WORK (Specify Yes or No):	26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):	26c	26d
26e	26f	26g	26h
RESERVED FOR REGISTRAR'S USE		STREET OR R.F.D. NO. CITY OR TOWN STATE	

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 OCT 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 27th day of October A.D., 1981 at 1:09 o'clock P. M., and duly recorded in Vol M-81 of Deeds on page 18726

Fee \$ 4.00

EVELYN BIEHN

COUNTY CLERK

(Signature) Deputy

81 OCT 27 PM 1 09