CERTIFICATE OF DEATH

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of Oregon
ON STATE HEALTH DIVISION
ment of Human Resources

Vital Records Unit

15596 325
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF ITEMS

1 DECEASED—NAME: First: Paul; Middle: —; Last: Krizo

2 DATE OF DEATH (month, day, year): September 3, 1982

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

4 SEX: Male

5a AGE—Last birthday (years): 60

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): June 22, 1922

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mt. View Care 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): Never Married

11 SPOUSE (IF MARRIED, WIDOWED): —

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes

13 SOCIAL SECURITY NUMBER: 540-26-2907

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

14b KIND OF BUSINESS OR INDUSTRY: Farming

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Malin

15d STREET AND NUMBER OR R.F.D., ZIP: P.O Box 239 97632

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

16 FATHER—NAME first middle last: Frank Krizo

17 MOTHER—Maiden Name first middle last: Julia Suty

18 INFORMANT—NAME and relationship to deceased: Philip Krizo, Brother

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Malin Community Cemetery

19c LOCATION city or town state: Malin, Oregon

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: Mike Allen

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

DISPOSITION

1. —
2. —
3. —

QUALIFIER

EDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

MANNER OF DEATH

4. —
5. —
6. —

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]: Kenneth K. Magee

21b DATE SIGNED [Mo., Day, Yr.]: 9-9-82

21c HOUR OF DEATH: 2:21 P.M. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth K. Magee M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 1 3 1982

22a REGISTRAR

22b [Signature]: Claudia Francis

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

PART I (a) Cardiac Arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Severe General Debility — Interval between onset and death: 4 years

DUE TO, OR AS A CONSEQUENCE OF:

(c) Advanced Scleroderma with multiple secondary problems — Interval between onset and death: 20 years

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]: 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]: 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

HS-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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date SEP 1 3 1982

VOID IF ALTERED

(SEAL) COUNTY OF KLAMATH STATE OF OREGON

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 16 day of Sept A.D., 1982 at 4:07 o'clock P M., and duly recorded in Vol M 82 of Deeds on page 12374.

Fee $4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure deputy