HEALTH DIVISION
Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 15373

1733F 405
Local File Number

State File Number

1 DECEASED—NAME: First ANNA	Middle S.	Last ZELL		2 DATE OF DEATH (month, day, year): November 6, 1982	
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Female	5a AGE—Last birthday (years): 83	Under 1 year: 5b mos. days	Under 1 day: 5c hours min	6 DATE OF BIRTH (month, day, year): February 12, 1899
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center	7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Emer. Rm.		7d COUNTY OF DEATH: Klamath	
8 STATE OF BIRTH (If not in U.S.A., name country): Germany	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (If MARRIED, WIDOWED): Edbert V. Zell		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
13 SOCIAL SECURITY NUMBER: 541-32-7048	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife	14b KIND OF BUSINESS OR INDUSTRY: Homemaking			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 5715 Shasta Way 97601		15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: — Mons	17 MOTHER—Maiden Name first middle last: Anna —	18 INFORMANT—NAME and relationship to deceased: Edbert V. Zell, husband			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory	19c LOCATION city or town state: Klamath Falls, Oregon 97601			
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport	20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601				

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]: Craig G Bennett MD | 21b DATE SIGNED [Mo., Day, Yr.]: Nov 8 1982 | 21c HOUR OF DEATH: 8:30 P.M.

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d Craig Bennett, MD, Klamath Medical Clinic, 1905 Main Street, Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: NOV 8 1982	22b REGISTRAR [Signature]: Claudia Francis

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

PART I
(a) Dehydration & Malnutrition — Interval between onset and death: 1 to 2 mos
DUE TO, OR AS A CONSEQUENCE OF:
(b) Cerebral vascular occlusion — Interval between onset and death: 5 years
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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] 26a: No	DATE OF INJURY [Mo., Day, Yr.] 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY [Specify Yes or No] 24: No
INJURY AT WORK [Specify Yes or No] 26e: No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f	LOCATION 26g: STREET OR R.F.D. NO. / CITY OR TOWN / STATE		WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No] 25: No

RESERVED FOR REGISTRAR'S USE

'82 NOV 18 AM 11 17

Mike Miller
882-6607

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date NOV 8 1982

VOID IF ALTERED

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

Cert 400

STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the -18 day of Nov A.D., 1982 at 11:17 o'clock A M, and duly recorded in Vol M82, of Deeds on page 15373.

Fee $ 4.00

EVELYN BLEHN COUNTY CLERK

by Joyce McLaren Deputy