

28595

CERTIFIED COPY OF DEATH RECORD

Vol. M83 Page 16295

of Oregon  
ON STATE HEALTH DIVISION  
ment of Human Resources

## CERTIFICATE OF DEATH

Vital Records Unit

TYPE  
PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
DUPLICATIONS  
SEE  
INSTRUCTIONS

DEATH  
CERTIFICATE  
HANGBOOK  
SECTION OF  
VITAL RECORDS

POSITION:

REGISTERED:

CONDITIONS  
IF ANY  
WICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
ATING THE  
NDERLYING  
AUSE LAST

USE OF DEATH:

1069		Local File Number		State File Number	
DECEASED—NAME			First	Middle	Last
1 Hugo			E.	RABE	
2 RACE White, Black, American Indian, etc. (specify)		3 SEX	4 AGE—Last birthday (years)	5a Under 1 year	5b Under 1 day
White		Male	76	mos	days
6 CITY, TOWN OR LOCATION OF DEATH		7a HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		7b IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (specify)	
Salem		Salem Memorial Hospital		inpatient	
8 STATE OF BIRTH (if not in U.S.A., name country)		9 CITIZEN OF WHAT COUNTRY		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	
North Dakota		U.S.A.		Married	
11 SOCIAL SECURITY NUMBER		12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		13 KIND OF BUSINESS OR INDUSTRY	
501-05-4305		Owner—7-up Bottling Co.		Soft Drinks	
14a RESIDENCE—STATE		14b COUNTY		14c CITY, TOWN, OR LOCATION	
Oregon		Marion		Salem	
15a FATHER—NAME		15b MOTHER—Maiden Name		15c STREET AND NUMBER OR R.F.D., ZIP	
Herman Rabe		Adina Uecker		1030 Morningside Dr. S.E. 97302	
16 BURIAL, CREMATION, REMOVAL, MAUS. (specify)		17 CEMETERY OR CREMATORY—NAME		18 INFORMANT—NAME and relationship to deceased	
Maus		Restlawn Memory Gardens Maus		Lena S. Rabe, spouse	
19a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		19b NAME AND ADDRESS OF FACILITY		19c LOCATION	
[Signature]		V.T. Golden, Mortuary, Inc., 605 Commercial St., S.E.		Salem, Oregon	
20a To the best of my knowledge, death occurred on the _____ day and place and due to the cause(s) stated.		20b DATE SIGNED (Mo., Day, Yr.)		20c HOUR OF DEATH	
[Signature]		July 25, 1983		5:10 P. M.	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print)		21b		21c	
21d Robert F. Granatir, M.D.; 980 Oak Street SE; Salem, OR 97301		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
21e		21f		21g	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR		22b (Signature)	
JUL 26 1983		[Signature]		Debbie Stearns	
23 IMMEDIATE CAUSE (a) (b) (c)		24 AUTOPSY (Specify Yes or No)		25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	
Renal Failure		no		no	
26a ACCIDENT (Specify Yes or No)		26b DATE OF INJURY (Mo., Day, Yr.)		26c HOUR OF INJURY	
no					
26d INJURY AT WORK (Specify Yes or No)		26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		26f LOCATION	
no					
26g		26h		26i	
RESERVED FOR REGISTRAR'S USE					

HS-2 (Rev. 1/80)

STATE OF OREGON  
COUNTY OF MARION

SEAL  
VOID IF ALTERED

DATE JUL 26 1983

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS

By Debbie Stearns Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss  
I hereby certify that the within instrument was received and filed for record on the 21st day of Sept. A.D., 1983 at 1:18 o'clock P M, and duly recorded in Vol M83, of Deeds on page 16295.

EVELYN BIEHN, COUNTY CLERK

by Pam Smith deputyFee \$ 4.00