Oregon
STATE HEALTH DIVISION
Dept of Human Resources

30289

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M83 Page 19121

[395]

Local File Number

State File Number

DECEASED—NAME 1 First: LeROY	Middle: W.	Last: LUBKE		DATE OF DEATH (month, day, year) 2 November 1, 1983	
RACE White, Black, American Indian, etc. (specify) 3 White	SEX 4 Male	AGE—Last birthday (years) 5a 68	Under 1 year: mos / days 5b	Under 1 day: hours / min 5c	DATE OF BIRTH (month, day, year) 6 May 3, 1915
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7b West Medical Center	IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify) 7c Inpatient			COUNTY OF DEATH 7d Klamath
STATE OF BIRTH (If not in U.S.A., name country) 8 South Dakota	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married	SPOUSE (IF MARRIED, WIDOWED) 11 Clara A. Mueller		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 540-16-8760	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Autobody/Fender Repairman	KIND OF BUSINESS OR INDUSTRY 14b Automobile Repairing & Painting			
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 1229 Hilton Drive 97603		Inside City Limits (specify yes or no) 15e No
FATHER—NAME first middle last 16 Carl - Lubke	MOTHER—Maiden Name first middle last 17 Marie - Jacob	INFORMANT—NAME and relationship to deceased 18 Clara A. Lubke, wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Cremation	CEMETERY OR CREMATORY—NAME 19b Eternal Hills Crematory	LOCATION city or town state 19c Klamath Falls, Oregon 97603			
FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature] 20a Jean C. Davenport	NAME AND ADDRESS OF FACILITY 20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194	Davenport's Chapel of the Good Shepherd,			

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature] Fletcher F. Conn MD — DATE SIGNED (Mo., Day, Yr.) 21b 10/2/83 — HOUR OF DEATH 21c 5:50 A M

NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d Fletcher F. Conn, MD, 1905 Main Street, Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a NOV 2 1983 — REGISTRAR 22b [Signature] Katherine E Arnett

23 IMMEDIATE CAUSE — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death

PART I
(a) Renal decompensation — due to, or as a consequence of: — 1 week
(b) Arteriosclerotic Cardiovascular Disease — due to, or as a consequence of: — 19 years
(c) Diabetes Mellitus — 40 years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
26a No	26b	26c		24 No	25 No

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
26e No	26f	26g

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E Arnett, Deputy Registrar

Date VOID IF ALTERED NOV 3 1983

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

Cash 4.00

STATE OF OREGON: COUNTY OF KLAMATH: ss
I hereby certify that the within instrument was received and filed for record on the 7th day of November A.D., 1983 at 3:03 o'clock P M, and duly recorded in Vol M83, of Deeds on page 19121.

EVELYN BIEHN, COUNTY CLERK

Fee $ 4.00

by Pam Smith deputy