

31559

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 21341

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
REPRODUCTIONS
SEE
KDSBOOK

EDENT
DEATH
RECORD IN
INSTITUTION,
HANSBOOK
GARDING
LOCATION OF
ANCE ITEMS

POSITION

DE
CERTIFYING PHYSICIAN
Only

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
ATING THE
DERLYING
USE LAST

USE OF
EATH

DECEASED—NAME		First	Middle	Last	State File Number	
LEO JOSEPH RAUSCH					21341	
1	RACE—White, Black, American Indian, etc. (specify)	2	SEX	3	AGE—Last birthday (years)	4
1	White	2	Male	3	67	4
5	CITY, TOWN OR LOCATION OF DEATH	6	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	7	IF HOSP. OR INST. Indicate DOA, OP/Emgr., Rm., Inpatient (Specify)	8
5	Klamath Falls	6	Klamath Co. Nur. Hm.	7	Inpatient	8
9	STATE OF BIRTH (If not in U.S.A., name country)	10	CITIZEN OF WHAT COUNTRY	11	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	12
9	Missouri	10	U.S.A.	11	Married	12
13	SOCIAL SECURITY NUMBER	14	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	15	KIND OF BUSINESS OR INDUSTRY	16
13	518-10-0749	14	Plumber	15	Plumbing	16
17	RESIDENCE—STATE	18	COUNTY	19	CITY, TOWN, OR LOCATION	20
17	Oregon	18	Klamath	19	Klamath Falls	20
21	FATHER—NAME first middle last	22	MOTHER—Maiden Name first middle last	23	INFORMANT—NAME and relationship to deceased	24
21	George Rausch	22	Cecilia Freiburger	23	Reva Krantz - Daughter	24
25	BURIAL, CREMATION, REMOVAL, MAUS, (specify)	26	CEMETERY OR CREMATORY—NAME	27	LOCATION city or town state	28
25	Burial	26	Mt. Calvary Cemetery	27	Klamath Falls, Oregon	28
29	FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	30	NAME AND ADDRESS OF FACILITY	31	DATE SIGNED (Mo., Day, Yr.)	32
29	Tim Lancaster	30	Ward's - 1945 Main St. - Klamath Falls, Oregon	31	12-7-83	32
33	21a (Signature) To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated	34	NAME AND ADDRESS OF CERTIFIER (Type or Print)	35	DATE SIGNED (Mo., Day, Yr.)	36
33	Everett E. Howard, MD	34	2622 Campus Dr. Klamath Falls, Ore.	35	12-7-83	36
37	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	38	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	39	REGISTRAR (Signature)	40
37		38	DEC 12 1983	39		40
41	23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	42	INTERVAL BETWEEN ONSET AND DEATH	43	INTERVAL BETWEEN ONSET AND DEATH	44
41	(a) MALIGNANT MESOTHELIOMA	42	6 months	43		44
45	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	46	AUTOPSY (Specify Yes or No)	47	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)	48
45		46	No	47	No	48
49	ACCIDENT (Specify Yes or No)	50	DATE OF INJURY (Mo., Day, Yr.)	51	HOUR OF INJURY	52
49	No	50		51		52
53	INJURY AT WORK (Specify Yes or No)	54	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	55	LOCATION	56
53		54		55		56
57	STREET OR R.F.D. NO.	58	CITY OR TOWN	59	STATE	60
57		58		59		60



21-2 (11/81)

STATE OF OREGON
County of Klamath

Reb.
Reva Krantz
2860 Bisher
city -

\$4.00
ca

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 DEC 12 1983

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 14th day of December A.D., 19 83 at 11:54 o'clock A M, and duly recorded in Vol M83, of Deeds on page 21341.

EVELYN BIEHN, COUNTY CLERK

by [Signature] deputy

Fee \$4.00