40583

327

Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M84 Page 14899

CERTIFICATE OF DEATH

State File Number

1 DECEDENT—NAME: First ANNA; Middle —; Last POLIVKA			2 DATE OF DEATH (month, day, year): August 11, 1984
3 RACE (White, Black, American Indian, etc. (specify)): White	4 SEX: Female	5a AGE—Last birthday (years): 80; 5b Under 1 year (mos / days); 5c Under 1 day (hours / min)	6 DATE OF BIRTH (month, day, year): July 28, 1904
7a CITY, TOWN OR LOCATION OF DEATH: Merrill	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): HC 62, Box 52	7c IF HOSP OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Residence	7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in USA name country): Czechoslovakia	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed	11 SPOUSE (IF MARRIED, WIDOWED): Emil Polivka
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No	13 SOCIAL SECURITY NUMBER: 540-42-8519	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker	14b KIND OF BUSINESS OR INDUSTRY: Own Home
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Merrill	15d STREET AND NUMBER OR R.F.D., ZIP: HC 62, Box 52 97633
15e Inside City Limits (specify yes or no): No	16 FATHER—NAME first middle last: Martin - Sprta	17 MOTHER—first middle last (Maiden Name): Julia - Sedlacek	18 INFORMANT—NAME and relationship to deceased: Frank Cacka - son
19a BURIAL, CREMATION, REMOVAL, OTHER (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]: Merrill Reid	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 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]: Raymond Tice — DATE SIGNED [Mo., Day, Yr.] 21b: Aug 13 '84 — HOUR OF DEATH 21c: 3:27 A. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: 21d Dr. Raymond Tice Medical - Dental Bldg. Klamath Falls, Oregon 97601

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

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a: AUG 14 1984 — REGISTRAR 22b [Signature]: Lucille E Cramb

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

PART I (a): Carcinoma of Gall Bladder with Metastasis — Interval between onset and death: 5 years

DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c)

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

ACCIDENT [Specify Yes or No]	DATE OF INJURY [Mo., Day, Yr.]	HOUR OF INJURY	AUTOPSY [Specify Yes or No]	WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
26a	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]	DESCRIBE HOW INJURY OCCURRED	LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e	26f	26d	26g		

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 Lucille E Cramb, Deputy Registrar

Date AUG 14 1984

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 28th day of August A.D., 19 84 at 3:26 o'clock P M, and duly recorded in Vol M84 of Deeds on page 14899.

Fee: $ 4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: KCTC