

40776

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

Vol. M84 Page 15194

CERTIFICATE OF DEATH

State File Number

Local File Number 342 Middle F. Last RAUSCHER, SR State File Number August 27, 1984

DECEASED—NAME First GEORGE Middle F. Last RAUSCHER, SR DATE OF DEATH (month, day, year)

1 RACE White, Black, American Indian, etc. (Specify) White 4 SEX Male 5a AGE—Last birthday (years) 69 5b Under 1 year mcs days 5c Under 1 day hours min 6 DATE OF BIRTH (month, day, year) 6 March 31, 1915 7a COUNTY OF DEATH Klamath

3 CITY, TOWN OR LOCATION OF DEATH Sprague River 7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) P.O. 166 7c IF HOSP OR INST. Indicate DOA, OP, Emer, Rm; Inpatient (Specify) — 7d WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes

7a STATE OF BIRTH (If not in U.S.A. name country) Ohio 9 CITIZEN OF WHAT COUNTRY U.S.A. 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 11 SPOUSE (IF MARRIED, WIDOWED) Victoria Rauscher 12

8 SOCIAL SECURITY NUMBER 554-14-7648 14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Electrician/self employed 14b KIND OF BUSINESS OR INDUSTRY Electrical Contractor 15a RESIDENCE—STATE Oregon 15b COUNTY Klamath 15c CITY, TOWN, OR LOCATION Sprague River 15d STREET AND NUMBER OR R.F.D., ZIP P.O. Box 166 15e INSIDE CITY LIMITS (Specify Yes or No) No

16 FATHER—NAME first middle last Fred E. Rauscher 17 MOTHER—first middle last (Maiden Name) Susanah P. Grieger 18 INFORMANT—NAME and relationship to deceased Victoria Rauscher, wife 19 LOCATION: city or town state Klamath Falls, Oregon 97601

19a CREMATION, REMOVAL, MAINT. (Specify) Cremation 19b CEMETERY OR CREMATORY—NAME Eternal Hills Crematory 19c NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Kenneth K. Magee 20b DATE SIGNED (Mo. Day, Yr.) 8-28-84 20c HOUR OF DEATH 5:08 A.M.

21a (Signature) Kenneth K. Magee 21b NAME AND ADDRESS OF CERTIFIER (Type or Print) Kenneth K. Magee, MD, Medical-Dental Bldg., 905 Main St., Klamath Falls, Oregon 21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21d DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) AUG 28 1984 22b (Signature) Marian Ackerman 22c Interval between onset and death minutes

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Respiratory arrest (b) Myxoid Liposarcoma of Lung (c) —

24 AUTOPSY (Specify Yes or No) No 25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

26a ACCIDENT (Specify Yes or No) No 26b DATE OF INJURY (Mo. Day, Yr.) 28 26c HOUR OF INJURY — 26d DESCRIBE HOW INJURY OCCURRED —

26e INJURY AT WORK (Specify Yes or No) No 26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) — 26g LOCATION: STREET OR R.F.D. NO. CITY OR TOWN STATE

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Victoria E. Rauscher Deputy Registrar
Date AUG 29 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 4th day of September A.D., 1984 at 10:15 o'clock A M, and duly recorded in Vol. M84 of Deeds on page 15194.

Index: \$1.00
Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Return: Victoria Rauscher Box 166 Sprague River, Oregon