46108 '85 FEB 21 AM 9 31

Vol. M85 Page 2586

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

CERTIFICATE OF DEATH

Local File Number: 54

State File Number:

1 DECEASED—NAME: First ERWIN Middle KARL Last SCHANZ

2 DATE OF DEATH (month, day, year): February 8, 1985

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last birthday (years): 87

5b Under 1 year (mos / days):

5c Under 1 day (hours / min):

6 DATE OF BIRTH (month, day, year): June 15, 1897

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mt. View Care Center

7c IF HOSP OR INST: Indicate DOA, OP/Emer, Rm., Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in USA name country): Germany

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Martha Schanz

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 544-42-9770

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Farmer

14b KIND OF BUSINESS OR INDUSTRY: Farming

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2767 Eberlein St. 97603

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Christian - Schanz

17 MOTHER—first middle last (Maiden Name): Marie - Rommel

18 INFORMANT—NAME and relationship to deceased: Charlotte Grohs, Daughter

19a BURIAL, CREMATION, REMOVAL MAUS. (Specify): Burial

19b CEMETERY OR CREMATORY—NAME: Lost River Cemetery

19c LOCATION city or town state: Bonanza, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

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]: [signature], M.D.

21b DATE SIGNED (Mo., Day, Yr.): 02-11-85

21c HOUR OF DEATH: 2:40 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake Berven, M.D., 2616 Clover St., Klamath Falls, Ore. 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 11 1985

22b REGISTRAR [Signature]: [signature]

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

PART I
(a) DUE TO, OR AS A CONSEQUENCE OF: Pneumonia — Interval between onset and death: 12 hrs
(b) DUE TO, OR AS A CONSEQUENCE OF: Parkinson's Disease — Interval between onset and death: 10 yrs
(c) — Interval between onset and death:

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

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No):

26b DATE OF INJURY (Mo., Day, Yr.):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar

Date FEB 12 1985

VOID IF ALTERED

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

5.00

After recording return to D. Hoots, 2261 S 6th St. #2, Klamath Falls, OR

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 February A.D., 19 85 at 9:30 o'clock A M, and duly recorded in Vol M85, of D Deeds on page 2586.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: [signature], Deputy