46977 '85 MAR 19 PM 2 04

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

Vol. M85 Page 4070

CERTIFICATE OF DEATH

91 — Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First GEORGE; Middle JOHN; Last RYZEK

2 DATE OF DEATH (month, day, year): March 7, 1985

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

4 SEX: Male

5a AGE—Last birthday (years): 64

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): May 27, 1920

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath County Nursing Home

7c IF HOSP OR INST: Ind-care DOA, OP Emer, Rm, Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Montana

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Barbara

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

13 SOCIAL SECURITY NUMBER: 536 - 07 - 2860

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

14b KIND OF BUSINESS OR INDUSTRY: Coin Lumber Company

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2015 Huron Street 97601

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

16 FATHER NAME first middle last: Stephen Ryzek

17 MOTHER first middle last (Maiden Name): Agnes Kerson

18 INFORMANT NAME and relationship to deceased: Barbara Ryzek / Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town state: Klamath Falls, Ore.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon - 9760

CERTIFIER

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]: Glenn Gailis MD

21b DATE SIGNED [Mo. Day Yr.]: 3/8/85

21c HOUR OF DEATH: 12:26 P M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: Glenn G. Gailis, MD / 1905 Main / Klamath Falls, Oregon / 97601

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

21e

22a DATE RECEIVED BY REGISTRAR [Mo. Day Yr.]: MAR 8 1985

22b REGISTRAR [Signature]: Marianne E. Crumbo

CAUSE OF DEATH

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

PART I

(a) CARDIO RESPIRATORY ARREST — Interval between onset and death: MINUTES

DUE TO, OR AS A CONSEQUENCE OF:

(b) METASTATIC MALIGNANT MELANOMA — Interval between onset and death: 6 MONTHS

DUE TO, OR AS A CONSEQUENCE OF:

(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)

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.]:

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 Marianne E. Crumbo, Deputy Registrar

Date MAR 11 1985

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 19th day of March A.D., 19 85 at 2:04 o'clock P. M, and duly recorded in Vol M85 of Deeds on page 4070

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deput

Fee: $ 5.00

Return: Barbara Ryzek 2015 Huron St., Klamath Falls, Oregon 97601