49976

MTC-15096-L

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

Vol. M85 Page 9140

224

Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT INK. DO NOT LEAVE BLANK. FOR INSTRUCTIONS SEE HANDBOOK

DECEASED—NAME: 1. First: LEO; Middle: ; Last: KARCZAG

2 DATE OF DEATH (month, day, year): May 31, 1985

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

4 SEX: Male

5a AGE (Last Birthday) (years): 88

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): April 24, 1897

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Highland 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 U.S.A. name country): Hungary

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Edna

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

13 SOCIAL SECURITY NUMBER: 370 - 20 - 4857

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

14b KIND OF BUSINESS OR INDUSTRY: Concert Music

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 309 Washington Street 97601

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

16 FATHER—NAME (first, middle, last): Samuel F. Karczag

17 MOTHER—NAME (first, middle, last, (Maiden Name)): Rose Goldberger

18 INFORMANT—NAME and relationship to deceased: Edna Karczag / Wife

19a METHOD OF DISPOSITION: Burial

19b CEMETERY OR CREMATORY NAME: Klamath Memorial Park

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

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): James K. Kerns

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main Street - Klamath Falls, Oregon - 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]: E. McClure

21b DATE SIGNED [Mo. Day Yr.]: May 31, 1985

21c HOUR OF DEATH: 5:30 A M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Edward T. McClure, MD / 2301 Clairmont / Klamath Falls, Oregon / 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo. Day Yr.]: JUN 3 1985

22b REGISTRAR [Signature]: Katherine E. Cravens

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

PART I (a) RESPIRATORY ARREST — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) CANCER OF PANCREAS — Interval between onset and death:

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).

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo. Day. Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

24 AUTOPSY [Specify Yes or No]: No

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

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 Katherine E. Cravens, Deputy Registrar

Date June 3, 1985

VOID IF ALTERED

Return: MTC

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 17th day of June A.D., 19 85 at 4:15 o'clock P M, and duly recorded in Vol M85, of Deeds on page 9140.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Demetha A. Beloth, Deputy