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

Vol. M85 Page 10059

CERTIFICATE OF DEATH
ORS – 146

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

1 DECEASED—NAME: FIRST PAUL MIDDLE EDWARD LAST KRAUSS

2 DATE OF DEATH (MONTH, DAY, YEAR): June 24, 1985

3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White

4 SEX: Male

5A AGE—LAST BIRTHDAY (YEARS): 81

5B UNDER 1 YEAR: MOS. / DAYS

5C UNDER 1 DAY: HOURS / MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): November 14, 1903

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

7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): 2014 Beaver St., (Residence)

7C IF HOSP. OR INST., INDICATE DOA, OP(EMER.), INPATIENT (SPECIFY): –

7D COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Oregon

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

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

11 SPOUSE (IF MARRIED, WIDOWED): Velma Lee Krauss

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No

13 SOCIAL SECURITY NUMBER: 541-09-9813

14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Laborer

14B KIND OF BUSINESS OR INDUSTRY: Lumber Mill

15A RESIDENCE—STATE: Oregon

15B COUNTY: Klamath

15C CITY, TOWN, OR LOCATION: Klamath Falls

15D STREET AND NUMBER OR R.F.D. ZIP: 2014 Beaver St. 97601

15E INSIDE CITY LIMITS? (SPECIFY YES OR NO): No

16 FATHER—NAME FIRST MIDDLE LAST: John W. Krauss

17 MOTHER—FIRST MIDDLE LAST (MAIDEN NAME): Deborah A. Withers

18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Leona Angel, Step Daughter

DISPOSITION

19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation

19B CEMETERY OR CREMATORY—NAME: Klamath Cremation Service

19C LOCATION—CITY OR TOWN, STATE: Klamath Falls, Ore.

20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Mike Ohair

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

CERTIFIER — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): 11:00 P.M.

21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): June 26, 1985 10:00 P.M.

21C FROM: NATURAL CAUSES [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] UNDETERMINED [ ] PENDING [ ]

21D CERTIFIER—SIGNATURE: Robert E Jamison M.D.

21E NAME—(TYPE OR PRINT) DEGREE OR TITLE: Robert E. Jamison, M.D.

21F MEDICAL EXAMINER FOR: Klamath COUNTY

21G DATE SIGNED (MONTH, DAY, YEAR): June 27, 1985

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): JUN 27 1985

22B REGISTRAR (SIGNATURE): Katherine E. Counts

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I

(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

DUE TO, OR AS A CONSEQUENCE OF:

(b) — 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)

24 AUTOPSY (SPECIFY YES OR NO): No

25A DATE OF INJURY (MONTH, DAY, YEAR)

25B HOUR

25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)

25D INJ. AT WORK (SPECIFY YES OR NO)

25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)

25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY 45-107 REV. 12-83

MOUNTAIN TITLE COMPANY, INC. has recorded this instrument by request as an accommodation only, and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property that may be described therein.

Return: Leona Angel
P.O. Box 491
Klamath Falls, Oregon
97601

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. Counts, *Deputy Registrar*

Date June 28, 1985

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT 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 1st day of July A.D., 19 85 at 11:27 o'clock A M, and duly recorded in Vol M85 of Deeds on page 10059.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Ann Smith D. , Deputy