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

CERTIFICATE OF DEATH

Local File Number: 266 — State File Number:

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First ROBERT; Middle J.; Last SCHWEIGER
2 DATE OF DEATH (month, day, year): July 7, 1985
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE—Last birthday (years): 58
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): July 19, 1926
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical 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): Kansas
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Mary M. Schweiger
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: Yes
13 SOCIAL SECURITY NUMBER: 540-28-8266
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumber Grader
14b KIND OF BUSINESS OR INDUSTRY: Lumber
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP: 700 Lowell St. 97601
15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Konrad V. Schweiger
17 MOTHER—first middle last (Maiden Name): Lena O. Wiman
18 INFORMANT—NAME and relationship to deceased: Mary M. Schweiger, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): 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]: [signature]
20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or
20c DATE SIGNED [Mo., Day, Yr.]: 8 July 1985
20d HOUR OF DEATH: 9:00 P. M

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]: Jack N. Martin M.D.
21b NAME AND ADDRESS OF CERTIFIER [Type or Print]: Jack N. Martin, M.D., 1900 Main St., Klamath Falls, Ore. 97601
21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:
21d DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JUL 8 1985
21e REGISTRAR
22a [Signature]: Katherine E. Cranke

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

CAUSE OF DEATH

PART I — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

23 IMMEDIATE CAUSE (a) Cancer of the Pancreas with Abdominal Metastasis — Interval between onset and death: -
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 8 months
(c) Carcinoma of Pancreas

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]
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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cranke Deputy Registrar

Date July 8, 1985

VOID IF ALTERED

[SEAL]

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 16th day of July A.D., 19 85 at 2:42 o'clock P M., and duly recorded in Vol. M85, of Deeds on Page 11217.

Evelyn Biehn, County Clerk

By _____

FEE $5.00

Return: Mary Schweiger, 700 Lowell St., Klamath Falls, Ore. 97601