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

Vol. M85 Page 14116

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last
1 IIA M. OBENCHAIN

RACE White, Black, American Indian, etc. (specify) White SEX Female AGE—Last birthday (years) 64 Under 1 year 5a 5b 5c 5d 5e 5f 5g 5h 5i 5j 5k 5l 5m 5n 5o 5p 5q 5r 5s 5t 5u 5v 5w 5x 5y 5z 5aa 5ab 5ac 5ad 5ae 5af 5ag 5ah 5ai 5aj 5ak 5al 5am 5an 5ao 5ap 5aq 5ar 5as 5at 5au 5av 5aw 5ax 5ay 5az 5ba 5bb 5bc 5bd 5be 5bf 5bg 5bh 5bi 5bj 5bk 5bl 5bm 5bn 5bo 5bp 5bq 5br 5bs 5bt 5bu 5bv 5bw 5bx 5by 5bz 5ca 5cb 5cc 5cd 5ce 5cf 5cg 5ch 5ci 5cj 5ck 5cl 5cm 5cn 5co 5cp 5cq 5cr 5cs 5ct 5cu 5cv 5cw 5cx 5cy 5cz 5da 5db 5dc 5dd 5de 5df 5dg 5dh 5di 5dj 5dk 5dl 5dm 5dn 5do 5dp 5dq 5dr 5ds 5dt 5du 5dv 5dw 5dx 5dy 5dz 5ea 5eb 5ec 5ed 5ee 5ef 5eg 5eh 5ei 5ej 5ek 5el 5em 5en 5eo 5ep 5eq 5er 5es 5et 5eu 5ev 5ew 5ex 5ey 5ez 5fa 5fb 5fc 5fd 5fe 5ff 5fg 5fh 5fi 5fj 5fk 5fl 5fm 5fn 5fo 5fp 5fq 5fr 5fs 5ft 5fu 5fv 5fw 5fx 5fy 5fz 5ga 5gb 5gc 5gd 5ge 5gf 5gg 5gh 5gi 5gj 5gk 5gl 5gm 5gn 5go 5gp 5gq 5gr 5gs 5gt 5gu 5gv 5gw 5gx 5gy 5gz 5ha 5hb 5hc 5hd 5he 5hf 5hg 5hh 5hi 5hj 5hk 5hl 5hm 5hn 5ho 5hp 5hq 5hr 5hs 5ht 5hu 5hv 5hw 5hx 5hy 5hz 5ia 5ib 5ic 5id 5ie 5if 5ig 5ih 5ii 5ij 5ik 5il 5im 5in 5io 5ip 5iq 5ir 5is 5it 5iu 5iv 5iw 5ix 5iy 5iz 5ja 5jb 5jc 5jd 5je 5jf 5jg 5jh 5ji 5jj 5jk 5jl 5jm 5jn 5jo 5jp 5jq 5jr 5js 5jt 5ju 5jv 5jw 5jx 5jy 5jz 5ka 5kb 5kc 5kd 5ke 5kf 5kg 5kh 5ki 5kj 5kk 5kl 5km 5kn 5ko 5kp 5kq 5kr 5ks 5kt 5ku 5kv 5kw 5kx 5ky 5kz 5la 5lb 5lc 5ld 5le 5lf 5lg 5lh 5li 5lj 5lk 5ll 5lm 5ln 5lo 5lp 5lq 5lr 5ls 5lt 5lu 5lv 5lw 5lx 5ly 5lz 5ma 5mb 5mc 5md 5me 5mf 5mg 5mh 5mi 5mj 5mk 5ml 5mm 5mn 5mo 5mp 5mq 5mr 5ms 5mt 5mu 5mv 5mw 5mx 5my 5mz 5na 5nb 5nc 5nd 5ne 5nf 5ng 5nh 5ni 5nj 5nk 5nl 5nm 5nn 5no 5np 5nq 5nr 5ns 5nt 5nu 5nv 5nw 5nx 5ny 5nz 5oa 5ob 5oc 5od 5oe 5of 5og 5oh 5oi 5oj 5ok 5ol 5om 5on 5oo 5op 5oq 5or 5os 5ot 5ou 5ov 5ow 5ox 5oy 5oz 5pa 5pb 5pc 5pd 5pe 5pf 5pg 5ph 5pi 5pj 5pk 5pl 5pm 5pn 5po 5pp 5pq 5pr 5ps 5pt 5pu 5pv 5pw 5px 5py 5pz 5qa 5qb 5qc 5qd 5qe 5qf 5qg 5qh 5qi 5qj 5qk 5ql 5qm 5qn 5qo 5qp 5qq 5qr 5qs 5qt 5qu 5qv 5qw 5qx 5qy 5qz 5ra 5rb 5rc 5rd 5re 5rf 5rg 5rh 5ri 5rj 5rk 5rl 5rm 5rn 5ro 5rp 5rq 5rr 5rs 5rt 5ru 5rv 5rw 5rx 5ry 5rz 5sa 5sb 5sc 5sd 5se 5sf 5sg 5sh 5si 5sj 5sk 5sl 5sm 5sn 5so 5sp 5sq 5sr 5ss 5st 5su 5sv 5sw 5sx 5sy 5sz 5ta 5tb 5tc 5td 5te 5tf 5tg 5th 5ti 5tj 5tk 5tl 5tm 5tn 5to 5tp 5tq 5tr 5ts 5tt 5tu 5tv 5tw 5tx 5ty 5tz 5ua 5ub 5uc 5ud 5ue 5uf 5ug 5uh 5ui 5uj 5uk 5ul 5um 5un 5uo 5up 5uq 5ur 5us 5ut 5uu 5uv 5uw 5ux 5uy 5uz 5va 5vb 5vc 5vd 5ve 5vf 5vg 5vh 5vi 5vj 5vk 5vl 5vm 5vn 5vo 5vp 5vq 5vr 5vs 5vt 5vu 5vv 5vw 5vx 5vy 5vz 5wa 5wb 5wc 5wd 5we 5wf 5wg 5wh 5wi 5wj 5wk 5wl 5wm 5wn 5wo 5wp 5wq 5wr 5ws 5wt 5wu 5wv 5ww 5wx 5wy 5wz 5xa 5xb 5xc 5xd 5xe 5xf 5xg 5xh 5xi 5xj 5xk 5xl 5xm 5xn 5xo 5xp 5xq 5xrr 5xrs 5xrt 5xru 5xrv 5xrw 5xrx 5xry 5xrz 5ya 5yb 5yc 5yd 5ye 5yf 5yg 5yh 5yi 5yj 5yk 5yl 5ym 5yn 5yo 5yp 5yq 5yr 5ys 5yt 5yu 5yv 5yw 5yx 5yy 5yz 5za 5zb 5zc 5zd 5ze 5zf 5zg 5zh 5zi 5zj 5zk 5zl 5zm 5zn 5zo 5zp 5zq 5zrr 5zrs 5zrt 5zru 5zrv 5zrw 5zrx 5zry 5zrz

DATE OF DEATH (month, day, year) August 28, 1985

DATE OF BIRTH (month, day, year) January 19, 1921

CITY, TOWN OR LOCATION OF DEATH Klamath Falls HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Klamath Convalescent Center IF HOSP. OR INST. Indicate DOA: OP, Emer., Rm., Inpatient (Specify) Inpatient COUNTY OF DEATH Klamath

STATE OF BIRTH (If not in U.S.A. name country) Kansas CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married SPOUSE (IF MARRIED, WIDOWED) Matt H. Obenchain WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No

SOCIAL SECURITY NUMBER 510-26-7032 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Bank Teller KIND OF BUSINESS OR INDUSTRY First Interstate Bank

RESIDENCE—STATE Oregon COUNTY Klamath CITY, TOWN, OR LOCATION Klamath Falls STREET AND NUMBER OR R.F.D., ZIP 13071 Highway 140 East 97603 Inside City Limits (specify yes or no) No

FATHER—NAME first middle last Frank - Jakabosky MOTHER—first middle last Anna - Kasparek INFORMANT—NAME and relationship to deceased Matt H. Obenchain, husband

BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial CEMETERY OR CREMATORY—NAME Klamath Memorial Park LOCATION city or town state Klamath Falls, Oregon 97603

FUNERAL SERVICE LICENSEE OR Person Acting As Such Dallan F. Davenport NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon

To be Completed by Certifying Physician
20a (Signature) David D. Reeder, MD DATE SIGNED (Mo., Day, Yr.) August 28, 1985 HOUR OF DEATH 8:45 A.M.

21a (Signature) David D. Reeder, MD NAME AND ADDRESS OF CERTIFIER (Type or Print) David D. Reeder, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

21b (Signature) David D. Reeder, MD NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David D. Reeder, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

21c (Signature) David D. Reeder, MD NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David D. Reeder, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

21d (Signature) David D. Reeder, MD NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David D. Reeder, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

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DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 29 1985 REGISTRAR Marian Ackerman

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) CARCINOMA OF THE BREAST Interval between onset and death 4 YRS
(b) Interval between onset and death
(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)
ACCIDENT (Specify Yes or No) No DATE OF INJURY (Mo., Day, Yr.) No HOUR OF INJURY No DESCRIBE HOW INJURY OCCURRED No
INJURY AT WORK (Specify Yes or No) No PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No LOCATION No STREET OR R.F.D. NO. No CITY OR TOWN No STATE No

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 Deputy RegistrarDate Aug 29, 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.

Filed for record at request of September A.D., 19 85 at 3:30 o'clock P M., and duly recorded in Vol. M85 day
of Deeds on Page 14116

FEE \$5.00

Evelyn Biehn, County Clerk

By Pam Smith

Re Matt H. Obenchain
13071 Hwy 140 E
Klamath Falls
500