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

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

Local File Number: 347

State File Number

DECEDENT

1 DECEASED—NAME: First ILA; Middle M.; Last OBENCHAIN

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

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

4 SEX: Female

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): January 19, 1921

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Convalscent 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): Matt H. Obenchain

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

13 SOCIAL SECURITY NUMBER: 510-26-7032

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

14b KIND OF BUSINESS OR INDUSTRY: First Interstate Bank

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 13071 Highway 140 East 97603

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

16 FATHER—NAME first middle last: Frank - Jakabosky

17 MOTHER—first middle last (Maiden Name): Anna - Kasparek

18 INFORMANT—NAME and relationship to deceased: Matt H. Obenchain, husband

DISPOSITION

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

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon

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]: David D. Reeder MD

21b DATE SIGNED [Mo., Day, Yr.]: August 28, 1985

21c HOUR OF DEATH: 8:45 A.M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: David D. Reeder, MD, 2301 Mountain View Blvd., Klamath Falls, Oregon 97601

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

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: AUG 29 1985

22b REGISTRAR [Signature]: Marian E. Ackerman

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE

PART I (a) CARCINOMA of the BREAST — Interval between onset and death: 4 YRS

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

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

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): 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

Re Matt H. Obenchain
1807 Hwy 140 E.
Klamath Falls
cert 5.00

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 Marian E. Ackerman, *Deputy Registrar*

Date 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 _____ of September A.D., 19 85 at 3:30 o'clock P M., and duly recorded in Vol. M85, of Deeds on Page 14116.

the 4th day

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith