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K-37946
CERTIFIED COPY OF DEATH RECORD FOR 40
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REEL
308

PAGE 14821
69

State of Oregon
DEPARTMENT OF HEALTH DIVISION
Bureau of Human Resources

CERTIFICATE OF DEATH

M85

Vital Records Unit

THIS IS FOR THE
REGISTERED
DEATH

914
Local File Number

State File Number

DECEASED—NAME First Middle Last JOSEPH A. KOENIG		DATE OF DEATH (month day year) July 4, 1982
SEX Male	AGE—Last birthday (years) 66	DATE OF BIRTH (month day year) August 15, 1915
RACE White	MEMORIAL OR OTHER INSTITUTION—Name (if not on the grave record and number) Memorial unit	COUNTY OF DEATH Marion
CITY, TOWN OR LOCATION OF DEATH Salem	IF HOSP OR HLT. RECORD DOA OF 2nd or 3rd dependent (Specify) Inpatient	
CITIZENSHIP U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SPOUSE (if married) (Name) Patricia
USUAL OCCUPATION (Specify kind of work done during most of working life) (month & year) Farming	KIND OF BUSINESS OR INDUSTRY Farming	
RESIDENCE—CITY 541-12-8000 Oregon	CITY, TOWN, OR LOCATION Marion Stayton	STREET AND NUMBER OR R.F.D., ZIP 15524 Old Mehama Rd. 97383
FATHER—Name Joseph A. Koenig, Sr.	MOTHER—Name Elizabeth Buergi	INFORMANT—Name and relationship to decedent Patricia Koenig, Wife
CEMENTERY OR CREMATORIUM—Name Burial	LOCATION—City or town State Stayton, Oregon Oregon	
FUNERAL HOME—Name and address of facility Meddle Funeral Home Inc. 1777 Third Ave. P.O. Box 456, Stayton, Oregon		
DATE SIGNED (Mo., Day, Yr) JUL 7 1982		HOUR OF DEATH 2:15 A. M.
SIGNATURE OF REGISTERING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print) Robert F. Granatir, M.D.; 980 Oak St. S.E.; Salem, OR 97301		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr) JUL 13 1982		REGISTRAR <i>Deanna Stinson</i>
IMMEDIATE CAUSE OF DEATH (List on this line ICD-10, ICD-9, and ICD-8) Metastatic Adenocarcinoma of Colon		
PART I (a) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death or not related to cause given in PART I (a)		ALTOGETHER (Specify Yes or No) NO
PART I (b) ACCIDENT (Specify Yes or No) No		DATE OF INJURY (Mo., Day, Yr) PC
HOUR OF INJURY PC		DESCRIBE HOW INJURY OCCURRED
PLACE OF INJURY—In home, farm, street, factory, office building, etc. (Specify) No		LOCATION PC
STREET OR R.F.D. NO.		CITY OR TOWN STATE

THIS IS FOR THE REGISTERED DEATH

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STATE OF OREGON
COUNTY OF MARION
DISTRICT OF
S.A.Y.
VOID IF ALTERED
DATE JUL 3 1982
STATE OF OREGON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS

By *Deanna Stinson* Deputy

HS-2 (Rev. 1-83)

08020

14822

STATE OF OREGON

County of Marion

I hereby certify that the within was received and duly recorded by me in Marion County records:

08020

Apr 15 9 47 AM '83

EDWIN P. MORRAN
MARION COUNTY CLERK

Rec'd 308 Page 69

BY *[Signature]* DEPUTY
500

*Rec'd + Bill
P.O. Box 497
Hayden Or 97323*

Return to:
Capital Title Company
P.O. Box 826
Salem, Oregon 97308

SEP 5 10 15 AM '85
ALAN H. DAVIDSON
MARION COUNTY CLERK
BY _____ DEPUTY

I HEREBY CERTIFY THIS COPY TO BE TRUE FULL AND CORRECT COPY OF THE DOCUMENT NOW ON RECORD IN MY OFFICE

ALAN H. DAVIDSON, County Clerk
By *[Signature]* DEPUTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of _____ the 13th day
of September A.D., 19 85 at 10:40 o'clock A M., and duly recorded in Vol. M85
of _____ Deeds on Page 14821
By Evelyn Biehn, County Clerk
[Signature]

FEE \$9.00