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

CERTIFICATE OF DEATH

208 — Local File Number — State File Number

1 DECEASED - NAME (First / Middle / Last)	ANTHONY JAMES KRECHEL, JR.
2 DATE OF DEATH (month, day, year)	May 21, 1985
3 RACE (White, Black, American Indian, etc.) (specify)	White
4 SEX	Male
5a AGE—Last Birthday (years)	49
5b Under 1 year (mos. / days)	
5c Under 1 day (hours / min.)	
6 DATE OF BIRTH (month, day, year)	October 27, 1935
7a CITY, TOWN OR LOCATION OF DEATH	Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Klamath Convelscent 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)	California
9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11 SPOUSE (IF MARRIED, WIDOWED)	Marilyn
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	Yes
13 SOCIAL SECURITY NUMBER	565 - 44 - 2767
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Engineer - Retired
14b KIND OF BUSINESS OR INDUSTRY	L. A. City Fire Department
15a RESIDENCE—STATE	Oregon
15b COUNTY	Klamath
15c CITY, TOWN, OR LOCATION	Chiloquin
15d STREET AND NUMBER OR R.F.D., ZIP	H-C-63 / Box 591 A 97627
15e Inside City Limits (specify yes or no)	No
16 FATHER - NAME (first, middle, last)	Anthony J. Krechel
17 MOTHER - (first, middle, last, (Maiden Name))	Frances Bingham
18 INFORMANT - NAME and relationship to deceased	Marilyn Krechel / Wife
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Cremation
19b CEMETERY OR CREMATORY NAME	Eternal Hills Memorial Gardens
19c LOCATION (City or Town, State)	Klamath Falls, Or.
20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)	James T. Ward
20b NAME AND ADDRESS OF FACILITY	WARD'S - 1945 Main - Klamath Falls, Oregon - 9760

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 Seeley MD
21b DATE SIGNED (Mo., Day, Yr.)	5/21/85
21c HOUR OF DEATH	1:35 P M
21d NAME AND ADDRESS OF CERTIFIER (Type or Print)	David Seeley, MD / 905 Main, Suite 611 / Klamath Falls, Oregon / 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.)	MAY 22 1985
22b REGISTRAR (Signature)	Katherine E. Caviness

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

PART I
(a) Glioblastoma Multiforme — Interval between onset and death: 1 yr.
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
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			
No		M				
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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Caviness Deputy Registrar

Date MAY 22 1985

VOID IF ALTERED

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

Return to: Marilyn Krechel - HC63 Box 591A - Chiloquin, OR 97624

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day of September A.D., 19 86 at 12:00 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 16764.

FEE $5.00

Evelyn Biehn, County Clerk
By _____