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STATE OF OREGON

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vol. M86 Page 23766

B 2926
ID TAG NO.

474

Local File Number

Vital Records Unit
CERTIFICATE OF DEATH

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION,
HANDBOOK
REGARDING
COMPLETION OF
DECEASE ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
TAKING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

DECEASED — NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 Martin		F.		BRAUNER				2 December 18, 1986	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE — Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 75		5b mos. days		5c hours min.	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, OP/Emur. Rm., Inpatient (specify)		COUNTY OF DEATH			
7a Klamath Falls		7b Klamath Convalescent Center		7c Inpatient		7d Klamath			
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 Idaho		9 U.S.A.		10 Married		11 Opal Gesner		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 543-10-2176		14a Purchasing Agent		14b Wholesale Hardware					
RESIDENCE — STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Klamath Falls		15d 1010 N. 7th Street		15e 97601	
FATHER — NAME		MOTHER — first middle last (Maiden Name)		INFORMANT — NAME and relationship to deceased					
16 William — Brauner		17 Ada — Murphy		18 Opal G. Brauner, wife					
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY — NAME		LOCATION city or town state					
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon 976					
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY							
20a William F. Brauner		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature) — Everett E. Howard		21b December 19, 1986		21c 2:39 A M					
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)									
21d Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a December 19, 1986		22b (Signature) — Katherine E. Cravink							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))									
PART I (a) CANCER OF STOMACH WITH METASTASIS								Interval between onset and death 7 YEAR	
DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death	
(b)								Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:								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)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
		24 No		25 No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
26e No		26f		26g					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES		NO		N/A			
YES		NO		N/A					
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-86

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. Cravink Deputy Registrar

Date December 19, 1986

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 23rd day
of December A.D., 19 86 at 4:18 o'clock P M., and duly recorded in Vol. M86
of Deeds on Page 23766.

FEE \$5.00

Evelyn Biehn,

County Clerk

By

Ret: George H. Proctor-Proctor & Fairclo 280 Main St., Klamath Falls, Oregon 97601