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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH

Vol. M87 Page 14411239/
ID TAG NO.

40

Local File Number

TYPE
PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

DEATH
OCCURRED IN
HOSPITAL,
NURSING HOME,
OR OTHER
FACILITY
OR
AT HOME
OR
IN OTHER
PLACE

POSITION

CERTIFIER

CONDITIONS
IF ANY
GAVE
RISE TO
IMMEDIATE
CAUSE
OF DEATH
LAST

USE OF

DEATH

DECEASED - NAME		First		Middle		Last		State File Number	
1 Patrick		James		PATZKE				2 DATE OF DEATH (month, day, year) January 23, 1987	
3 RACE White, Black, American Indian, etc. (specify) White		4 SEX Male		5a AGE - Last birthday (years) 61		5b Under 1 year mos. days		5c Under 1 day hours min	
6 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 11775 Crystal Springs Road		7b IF HOSP. OR INST. Indicate DOA, OPI/Emer. Rm., Inpatient (specify) 7c		7c		7d DATE OF BIRTH (month, day, year) September 12, 1925	
7a STATE OF BIRTH (If not in U.S.A., name country) Minnesota		8 CITIZEN OF WHAT COUNTRY U.S.A.		9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		10 SPOUSE (IF MARRIED, WIDOWED) Annie Fagan		11 COUNTY OF DEATH Klamath	
12 SOCIAL SECURITY NUMBER 542-18-4103		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Logger		14a KIND OF BUSINESS OR INDUSTRY Timber Industry		14b		14c WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) Yes	
15a RESIDENCE - STATE Oregon		15b COUNTY Klamath		15c CITY, TOWN OR LOCATION Klamath Falls		15d STREET AND NUMBER OR R.F.D. 11775 Crystal Springs Rd		15e ZIP 97603	
16 FATHER - NAME first middle last Frank - Patzke		17 MOTHER - first middle last Myrtle - Shively		18 INFORMANT - NAME and relationship to deceased Annie J. Patzke, wife		19a LOCATION city or town state Klamath Falls, Oregon		19b	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		19b CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens		19c		19d		19e	
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature) William J. Davenport		20b NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		20c		20d		20e	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) Blake D. Berven		21b DATE SIGNED (Mo., Day, Year) January 26, 1987		21c HOUR OF DEATH 1:00 A.M.		21d		21e	
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon		21e		21f		21g		21h	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) January 27, 1987		22b REGISTRAR (Signature) Catherine E. Cravens		22c		22d		22e	
23 IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO, OR AS A CONSEQUENCE OF: (b) Idiopathic cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		23b		23c		23d		23e	
24 ACCIDENT (Specify Yes or No) No		25 DATE OF INJURY (Mo., Day, Year) 26b		26c HOUR OF INJURY 26d		26e DESCRIBE HOW INJURY OCCURRED		26f	
26a INJURY AT WORK (Specify Yes or No) No		26b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26f		26c		26d		26e	
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