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ID TAG NO.

198

Local File Number

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

Vol. M81 Page 6994

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF SUCCESSION ITEMS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

DECEASED — NAME		First		Middle		Last		State File Number	
1 JERRY								DATE OF DEATH (month, day, year) 2 April 1, 1987	
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Male		AGE — Last birthday (years) 5a 85		Under 1 year 5b mos. 5c days 5d hours 5e min.		DATE OF BIRTH (month, day, year) 6 August 17, 1901	
CITY, TOWN OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION — NAME (if not in either, give street and number) 7b Merle West Medical Center		IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) 7c Emer. Room		COUNTY OF DEATH 7d Klamath		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no) 12 NO	
STATE OF BIRTH (if not in U.S.A. name country) 8 New York		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		SPOUSE (IF MARRIED, WIDOWED) 11 Gertie		SOCIAL SECURITY NUMBER 13 544-42-9752	
RESIDENCE — STATE 15a Oregon		COUNTY 15b Klamath		CITY, TOWN OR LOCATION 15c Klamath Falls		STREET AND NUMBER OR R.F.D. 15d 2061 Eberlein Ave.		ZIP 15e 97601	
FATHER — NAME first middle last 16 Frank Brandejsky		MOTHER — first middle last (Maiden Name) 17 Antonia Hurtova		INFORMANT — NAME and relationship to deceased 18 Gertie Brandesky - Wife		LOCATION city or town state 19c Klamath Falls, Ore.		INSIDE CITY LIMITS (specify yes or no) 15e Yes	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY — NAME 19b Mt. Calvary Cemetery		FUNDRAISING LICENSEE or person acting as such 20a Jim Lancaster		NAME AND ADDRESS OF FACILITY 20b Ward's / 1945 Main St. / Klamath Falls, Ore. 97601		DATE SIGNED (Mo., Day, Year) 21b 4-2-87	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21a (Signature) Kenneth K. Magee		DATE SIGNED (Mo., Day, Year) 21b 4-2-87		HOUR OF DEATH 21c 12:52 A.M.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d Kenneth K. Magee, MD - 1900 Main St. - Klamath Falls, Ore. 97601		DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a April 3, 1987	
22b (Signature) Arthur E. Plamink		23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) (a) Cardio Respiratory arrest		Interval between onset and death minutes		(b) Severe Bronchial asthma		Interval between onset and death Hours	
(c) Chronic Bronchial asthma		Interval between onset and death years		OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a) Arteriosclerotic Heart Disease with chronic CHF		AUTOPSY (Specify Yes or No) 24 NO		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 NO	
26a NO		DATE OF INJURY (Mo., Day, Year) 26b		HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d		LOCATION 26e	
INJURY AT WORK (Specify Yes or No) 26a		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26b		LOCATION 26c		STREET OR R.F.D. NO. 26d		CITY OR TOWN 26e	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-85

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Arthur E. Plamink, Deputy Registrar

Date April 3, 1987

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 April A.D., 19 87 at 2:23 o'clock P M., and duly recorded in Vol. M87 day of Deeds on Page 6994.

FEE \$5.00

Evelyn Biehn, County Clerk

By Sam Smith