

81689

B-3837

ID TAG NO.

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

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED - NAME First Middle Last MARY - DRAZIL		DATE OF DEATH (month, day, year) October 16, 1987	
1 RACE White, Black, American Indian, etc. (specify) White		2 DATE OF BIRTH (month, day, year) February 25, 1911	
3 CITY, TOWN OR LOCATION OF DEATH Medford		6 COUNTY OF DEATH Jackson	
4 SEX Female		7a HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number) Roque Valley Medical Cent.	
5a AGE - Last birthday (years) 76		7b Inpatient	
8 STATE OF BIRTH (if not in U.S.A., name country) Canada		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		11 SPOUSE (IF MARRIED, WIDOWED) Joseph	
12 SOCIAL SECURITY NUMBER 542 - 44 - 3733		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
14a RESIDENCE - STATE Oregon		14b STREET AND NUMBER OR R.F.D. HC 62, Box 169	
15a CITY, TOWN OR LOCATION Klamath		15b ZIP 97632	
16 FATHER - NAME first middle last Louis Langer, Sr.		17 MOTHER - first middle last (Maiden Name) Mary Buers	
18 BIRTHAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		19a CEMETERY OR CREMATORY - NAME Eternal Hills Memorial Gardens	
19b FUNERAL SERVICE LICENSEE or person acting as such (Signature) <i>Donald Stutzman</i>		19c NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon - 97601	
20a To the best of my knowledge, death occurred at (time, date and place and due to the cause(s) stated) <i>Donald Stutzman</i>		20b DATE SIGNED (Mo., Day, Year) 10/19/87	
21a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Donald Stutzman, MD / 4025 E. Main Street / Medford, Oregon / 97504		21c HOUR OF DEATH 10:05 A M	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) OCT 19 1987		22b REGISTRAR <i>Anna K. Collins</i>	
23 IMMEDIATE CAUSE (a) Aortic Rupture DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
24 ACCIDENT (Specify Yes or No) No		25 AUTOPSY (Specify Yes or No) Yes	
26a INJURY AT WORK (Specify Yes or No) No		26b WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
26c PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26d DESCRIBE HOW INJURY OCCURRED	
26e DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES		26f WAS GIFT MADE? YES	
RESERVED FOR REGISTRAR'S USE			

STATE OF OREGON CERTIFIED COPY OF DEATH RECORD COUNTY OF JACKSON

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



Henry W. Collins, Jr.
REGISTRAR, VITAL STATISTICS

DATE **OCT 19 1987**

Return TO:
Giacomini, Jones & Trotman
Attorneys at Law
835 Main Street
Klamath Falls, Oregon 97601

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Giacomini, Jones & Trotman, Attorneys at Law the 18th day of November A.D., 19 87 at 8:31 o'clock A M., and duly recorded in Vol. M87 on Page 20856

Evelyn Biehn, County Clerk
By *Pam Smith*

FEE \$5.00