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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

126 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

1 DECEASED—NAME: First FRANK; Middle F.; Last SCHREIBER
2 DATE OF DEATH (month, day, year): April 1, 1985
3 RACE (White, Black, American Indian, etc.) (specify): White
4 SEX: Male
5a AGE—Last birthday (years): 73
5b Under 1 year: mos / days
5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year): January 21, 1912
7a CITY, TOWN OR LOCATION OF DEATH: Keno
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Pioneer Drive (No Numbers)
7c IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A. name country): Wisconsin
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Mary B. Schreiber
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 395-09-1089
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Federal Meat Inspector
14b KIND OF BUSINESS OR INDUSTRY: Civil Service
15a RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Keno
15d STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 624 97627
15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Victor Augustus Schreiber
MOTHER—first middle last (Maiden Name): Adeline Margaret Gregony
18 INFORMANT—NAME and relationship to deceased: Mary B. Schreiber, wife
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory
19c LOCATION city or town state: Klamath Falls, Oregon 97603
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature): William F. Davenport
20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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): Byron T. Sagunsky
21b DATE SIGNED (Mo., Day, Yr.): April 1, 1985
21c HOUR OF DEATH: 7:00 A M
NAME AND ADDRESS OF CERTIFIER (Type or Print): Byron T. Sagunsky, MD, 2300 Clairmont, Klamath Falls, Oregon 97601
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21e

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 2 1985
22b REGISTRAR (Signature): Rebecca E. Cravens

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

PART I
(a) Prob. Myocardial Infarction — Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF
(b) History arteriosclerotic heart disease — Interval between onset and death: Years
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): Recent Gastrointestinal Bleed
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No
26b DATE OF INJURY (Mo., Day, Yr.):
26c HOUR OF INJURY: M
26d DESCRIBE HOW INJURY OCCURRED:
26e INJURY AT WORK (Specify Yes or No): 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 Rebecca E. Cravens, Deputy Registrar
Date APR 1 1985
VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Schreiber the 3rd day of December A.D., 19 87 at 3:26 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 21719.

Evelyn Biehn, County Clerk
By Pam Smith

FEE $5.00
Ret: Mary Schreiber 2160 Arthur St., Apt. #9, Klamath Falls, Oregon 97603