'87 DEC 29 P4 3 20

NAC 19065

82957 ID TAG NO. 1320

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

Vol M87 Page 23081

CERTIFICATE OF DEATH

Local File Number | State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

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

1 DECEASED — NAME (First / Middle / Last)	Edna	Margaretta	SCHWEIGER	2 DATE OF DEATH (month, day, year): July 12, 1987
3 RACE White, Black, American Indian, etc. (specify): White	4 SEX: Female	5a AGE — Last birthday (years): 61	5b Under 1 year: mos. / days	5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): May 26, 1926				
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center	7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Inpatient	7d COUNTY OF DEATH: Klamath	
8 STATE OF BIRTH (If not in U.S.A., name country): Colorado	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Louis V. Schweiger	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 540-20-1561	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker	14b KIND OF BUSINESS OR INDUSTRY: Own Home		
15a RESIDENCE — STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D.: 4677 Peck Drive ZIP 97603	15e Inside City Limits (specify yes or no): No
16 FATHER — NAME first middle last: Jabe M. Pinney	17 MOTHER — first middle last (Maiden Name): Edna - Waybrandt	18 INFORMANT — NAME and relationship to deceased: Louis V. Schweiger; husband		

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS, (specify): Cremation	19b CEMETERY OR CREMATORY — NAME: Klamath Cremation Service	19c LOCATION city or town state: Klamath Falls, Oregon	
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]	20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 97601		

CERTIFIER

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) [signature] M.D. | 21b DATE SIGNED (Mo., Day, Year): July 13, 1987 | 21c HOUR OF DEATH: 9:05 A. M

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon ZIP 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 13 1987 | 22b REGISTRAR (Signature): [signature]

CAUSE OF DEATH

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

PART I 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).] (a)	Cardiac Arrest		Interval between onset and death: immediate
DUE TO, OR AS A CONSEQUENCE OF: (b)	ASHD		Interval between onset and death: 5 yrs
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).		AUTOPSY (Specify Yes or No) 24: No	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25: No

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Year) 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO.	CITY OR TOWN	STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☒ N/A ☐

WAS GIFT MADE? YES ☐ NO ☒ N/A ☐

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev. 6-86

Return:
4677 Peck Drive
Klamath Falls, Oregon
97603

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 [signature], Deputy Registrar

Date JUL 13 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 _____ the 29th day of December A.D., 19 87 at 3:20 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 23081.

Evelyn Biehn County Clerk

FEE $5.00

By [signature]