

829571 1987 DEC 23 PM 3 20

Vol 19065
STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Page 23081

Vital Records Unit
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

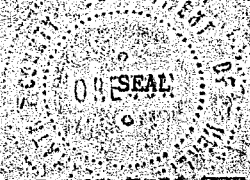
DECEASED — NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 Edna		Margaretta		SCHWEIGER				2 July 12, 1987	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE — Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Female		5a 61		5b mos. days		5c hours min.	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number)				IF HOSP. OR INST. Indicate DOA OP/Emer. Rm., Inpatient (specify)		COUNTY OF DEATH	
7a Klamath Falls		7b Merle West Medical Center				7c Inpatient		7d Klamath	
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)	
8 Colorado		9 U.S.A.		10 Married		11 Louis V. Schweiger		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY			
13 540-20-1561		14a Home Maker				14b Own Home			
RESIDENCE — STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		Klamath Falls		15c 4677 Peck Drive		ZIP 97603	
FATHER — NAME first middle last		MOTHER — first middle last (Maiden Name)		INFORMANT — NAME and relationship to deceased				Inside City Limits (specify yes or no)	
16 Jabe M. Pinney		17 Edna — Waybrandt		18 Louis V. Schweiger, husband				15e No	
BURIAL, CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY — NAME				LOCATION city or town state			
19a Cremation		19b Klamath Cremation Service				19c Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE or person acting as such (Signature)		NAME AND ADDRESS OF FACILITY				97601			
20a [Signature]		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.							
20b To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH					
21a (Signature) [Signature]		M.D.		21b July 13, 1987		21c 9:05 A.		M	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		21d F. Geoffrey Marx, M.D., 2614 Clover Street, Klamath Falls, Oregon 97601				ZIP			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a JUL 13 1987		22b (Signature) [Signature]							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)						Interval between onset and death			
PART I (a) Cardiac Arrest						immediate			
(b) ASHD						Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF						5 yrs			
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)				WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)			
4		24 No				25 No			
5		ACCIDENT (Specify Yes or No)				DATE OF INJURY (Mo., Day, Year)			
6		26a				26b			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				LOCATION			
26e		26f				26g			
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

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.



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]