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M9C 1396/509

Vol. M88 Page 17209

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

Local File Number

State File Number

DECEASED—NAME First Middle Last VIRGINIA MAE SCHUBERT		DATE OF DEATH (month, day, year) 2 October 31, 1984	
1 RACE White, Black, American Indian, etc. (Specify) White	2 SEX Female	3 AGE—Last birthday (years) 76	4 DATE OF BIRTH (month, day, year) August 20, 1908
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center	7 IF HOSP OR INST Indicate DOA: OP, Emer., Rm., Inpatient (Specify) Emer. Room	8 COUNTY OF DEATH Klamath
9 STATE OF BIRTH (If not in U.S.A. name country) Illinois	10 CITIZEN OF WHAT COUNTRY U.S.A.	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12 SPOUSE (IF MARRIED, WIDOWED) John A.
13 SOCIAL SECURITY NUMBER 540 - 26 - 4422	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Housewife	14b KIND OF BUSINESS OR INDUSTRY At Home	
15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 2527 Bisbee 97603
16 FATHER—NAME first middle last Charles Hoeft	17 MOTHER—first middle last (Maiden Name) Nancy Thompson	18 INFORMANT—NAME and relationship to deceased John A. Schubert - Husband	19 Inside City Limits (Specify Yes or No) No
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial	19b CEMETERY OR CREMATORY—NAME Klamath Memorial Park	19c LOCATION City or town state Klamath Falls, Ore.	
20a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <i>James F. Novak</i>	20b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon - 97601	21a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated <i>James F. Novak MD</i>	21b DATE SIGNED (MM, Day, Yr) 10/1/84
21c NAME AND ADDRESS OF CERTIFIER (Type or Print) James F. Novak, MD / 1905 Main / Klamath Falls, Oregon / 97601	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21e DATE RECEIVED BY REGISTRAR (MM, Day, Yr) NOV 2 1984	21f REGISTRAR <i>Deborah E. Cawich</i>
22 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <i>Cardiac arrest</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Myocardial infarction - acute</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Coronary atherosclerosis</i>	Interval between onset and death 5 min 6 hrs	23 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <i>Diabetes, Hypertension, Breast Ca</i>	24 AUTOPSY (Specify Yes or No) No
25 ACCIDENT (Specify Yes or No) No	26a DATE OF INJURY (MM, Day, Yr) 26b HOUR OF INJURY 26c M 26d DESCRIBE HOW INJURY OCCURRED	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
26a INJURY AT WORK (Specify Yes or No)	26b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26c LOCATION 26d STREET OR R.F.D. NO 26e CITY OR TOWN 26f STATE	

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

Return to:
MR. John Schubert
452 REV. 12-83
2527 Bisbee
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 *Deborah E. Cawich*, Deputy Registrar
Date NOV 2 1984

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 Mountain Title Co. the 13th day
of Oct. A.D., 19 88 at 12:01 o'clock P. M., and duly recorded in Vol. M88,
of Deeds on Page 17209

FEE \$8.00

Evelyn Biehn, County Clerk

By *Deborah E. Cawich*

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