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CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 288
State File Number: '76-012697

DECEASED—NAME: 1. First: Adeline Middle: F. Last: Paschke
DATE OF DEATH (month, day, year): 2. August 19, 1976
RACE White, Negro, American Indian, etc. (specify): 3. White
SEX: 4. Female
AGE—Last birthday (years): 5a. 70
DATE OF BIRTH (month, day, year): 6. August 10, 1906
COUNTY OF DEATH: 7a. Klamath
CITY, TOWN, OR LOCATION OF DEATH: 7b. Klamath Falls
Inside City Limits (specify yes or no): 7c. Yes
HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 7d. Pres. Intercomm. Hospt.
STATE OF BIRTH (If not in U.S.A., name country): 8. Minnesota
CITIZEN OF WHAT COUNTRY: 9. U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Married
NAME OF SPOUSE: 11. Harry M. Paschke
SOCIAL SECURITY NUMBER: 12. 471-12-9637
USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Homemaker
KIND OF BUSINESS OR INDUSTRY: 13b. -
RESIDENCE—STATE: 14a. Oregon
COUNTY: 14b. Klamath
CITY, TOWN, OR LOCATION: 14c. Klamath Falls
Inside City Limits (specify yes or no): 14d. No
STREET AND NUMBER OR R.F.D.: 14e. Rt. 1, Box 649
FATHER—NAME: 15. Samuel King
MOTHER—Maiden Name: 16. Amelia Zupp
INFORMANT—NAME and relationship to deceased: 17. Harry M. Paschke, Husband

PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) Immediate cause	Cardiogenic shock	10 min
(b) due to, or as a consequence of	acute ASHD, massive anterior MI	7 days
(c) due to, or as a consequence of		

PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
AUTOPSY (yes or no): 19a. No
IF YES were findings considered in determining cause of death: 19b.

ACCIDENT (specify yes or no): 20a.
DATE OF INJURY (month, day, year): 20b.
HOUR: 20c. M.
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d.
INJURY AT WORK (specify yes or no): 20e.
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.
LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. Aug. 12, 1976 to Aug. 19, 1976
And Last Saw Him/Her Alive on: August 19, 1976
I Did/Did Not view the body after death (specify): did not
DEATH OCCURRED (hour): 8:45 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
PHYSICIAN—SIGNATURE: 22a. Blake Berven
NAME (type or print): 22b. Blake Berven
degree or Title: M.D.
DATE SIGNED (month, day, year): 22c. August 23, 1976
MAILING ADDRESS—PHYSICIAN: 23. Medical Dentl. Bld., Klamath Falls, Oregon 97601
BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial
CEMETERY OR CREMATORY—NAME: 24b. Mt. View Cemetery
LOCATION: 24c. Ashland, Oregon
DATE (mo., day, year): 24d. 8-23-76
FUNERAL DIRECTOR—SIGNATURE: 25a. [signature]
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97
REGISTRAR—SIGNATURE: 26a. [signature]
DATE RECEIVED BY LOCAL REGISTRAR: 26b. AUG 23 1976
DATE RECEIVED BY STATE REGISTRAR: 27. SEP 07 1976
RESERVED FOR REGISTRAR'S USE: 28.

VS-2 R-69

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED NOV 10 1992

[signature]
EDWARD J. JOHNSON II,
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Harry M. Paschke the 18th day of Nov. A.D., 19 92 at 2:13 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 27415.

Evelyn Biehn County Clerk
By [signature]

FEE $10.00

Return: Harry Paschke
17350 Anderson Rd., Klamath Falls, Or. 97603