92394

12-13-94P01:15 RCVD

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MTC 32611-HF

DATE REGISTERED BY STATE REGISTRAR

STATE OF COLORADO
CERTIFICATE OF DEATH
(PHYSICIAN OR CORONER)

434-92-87

STATE FILE NUMBER

COLORADO DEPARTMENT OF HEALTH AD RS 16 (Rev. 1-78)

THIS IS A PERMANENT RECORD USE BLACK INK OR TYPEWRITER WITH BLACK RIBBON

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

DECEASED

1. DECEASED–NAME FIRST: Alfred	MIDDLE: L.	LAST: Kreusch	2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): April 24, 1987	
4a. RACE (White, Black, American Indian, etc.): White	4b. ORIGIN OR DESCENT (Italian, Mexican, English, etc.): German	5a. AGE – LAST BIRTHDAY (Years): 86	5b. UNDER 1 YEAR: MOS / DAYS	5c. UNDER 1 DAY: HRS. / MINS.	6. DATE OF BIRTH (MONTH, DAY, YEAR): August 7, 1900
7a. COUNTY OF DEATH: Pueblo					
7b. CITY, TOWN OR LOCATION OF DEATH: Pueblo	7c. HOSPITAL OR OTHER INSTITUTION – Name (If not in either, give street and number): St. Mary Corwin Hospital			7d. IF HOSP. OR INST., Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient	
8. STATE OF BIRTH (If not in U.S.A. name country): Ohio	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Lena E. Hammors	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): Yes	
13. SOCIAL SECURITY NUMBER: 512-12-6465	14a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Sales Clerk	14b. KIND OF BUSINESS OR INDUSTRY: Montgomery Wards			
15a. RESIDENCE–STATE: Colorado	15b. COUNTY: Pueblo	15c. CITY, TOWN OR LOCATION: Pueblo	ZIP: 81004	15d. STREET AND NUMBER: 517 Belmont	15e. INSIDE CITY LIMITS (Yes or No): Yes
16. FATHER–NAME FIRST: Anton	MIDDLE: D.	LAST: Kreusch	17. MOTHER–NAME FIRST: Mary	MIDDLE:	LAST (MAIDEN): Braun
18a. INFORMANT–NAME: Bernard A. Kreusch	Relation to Deceased: Son	18b. MAILING ADDRESS STREET OR R.F.D. NO.: 5694 N. Creek Rd,	CITY OR TOWN: Beulah	STATE: CO	ZIP: 81023

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL (Specify): Burial	19b. DATE (Month, Day, Year): April 27, 1987	19c. CEMETERY OR CREMATORY–NAME AND LOCATION: Beulah Cemetery	CITY OR TOWN: Beulah	STATE: Colorado
20a. FUNERAL DIRECTOR (Signature): Roy J. Dentlinger	NO	20b. NAME AND ADDRESS OF FUNERAL FACILITY (Name, street or R.F.D. NO., CITY, STATE, ZIP): P.O. McCarthy Funeral Home 329/341 Goodnight Avenue, Pueblo, CO 81004		

CERTIFIER

21a. PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT 11:30 AM ON THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (Signature and Title): Thomas R. Smith MD

22a. CORONER – ON THE BASIC OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT _____ M ON THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. (Signature and Title)

21b. DATE SIGNED (Month, Day, Year): April 27, 1987		22b. DATE SIGNED (Month, Day, Year)	22c. PRONOUNCED DEAD (Mo., Day, Yr., Hour)

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print): Thomas R. Smith MD 1325 E. Orman Ave. Pueblo, Colo 81004

24a. REGISTRAR (Signature): Deputy

24b. DATE RECEIVED BY REGISTRAR (Month, Day, Year): APR 29 1987

CAUSE OF DEATH

25. PART I – IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).]

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

(a) Overwhelming Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death: 3 days

(b) _____ DUE TO, OR AS A CONSEQUENCE OF — Interval between onset and death: _____

(c) _____

PART II – OTHER SIGNIFICANT CONDITIONS – Conditions contributing to death but not related to cause given in PART I (a).

ASHD, CHF, Alzheimer's Disease, Osteoarthritis

26. AUTOPSY (Yes or No): No	27. WAS CASE REFERRED TO CORONER (Yes or No): No		
28a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, PENDING INVESTIGATION.	28b. DATE AND HOUR OF INJURY (Mo., Day, Yr., Hr.)	28c. DESCRIBE HOW INJURY OCCURRED	
28d. INJURY AT WORK (Yes or No)	28e. PLACE OF INJURY – At home, farm, street, factory, office building, etc.	28f. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	

"This copy NOT VALID unless prepared on YELLOW basketweave paper and the RAISED SEAL of the Pueblo Vital Statistics Office."

THIS CERTIFIES that this record is a true and correct photostatic copy of the certificate as it appears on file in the Bureau of Vital Statistics of Department of Health the City and County of Pueblo, State of Colorado.

Local Registrar of Vital Statistics

By _____ Deputy Registrar

Date Issued: AUG 25 1987

Return to

WILLIAM L. SISEMORE
Attorney at Law
540 Main Street
Klamath Falls, OR 97601

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title co

on this 13th day of Dec A.D., 19 94

at 1:15 o'clock P M. and duly recorded

in Vol. M94 of Deeds Page 37685.

Evelyn Biehn County Clerk

By Pauline Anderson Deputy.

Fee, $10.00