

COUNTY OF SAN DIEGO - DEPARTMENT OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.

26977

96 OCT 18 P2:50
CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITESOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

Vol. m96 Page 33058

REGISTRAR OF VITAL RECORDS

DATE ISSUED: October 11, 1996

REQUIRED FEE PAID

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Patrick		2. MIDDLE William	
3. LAST (FAMILY) Kossman			
4. DATE OF BIRTH MM/DD/CCYY 11/29/1922		5. AGE YRS. 73	
6. SEX M		7. DATE OF DEATH MM/DD/CCYY 10/09/1996	
8. HOUR 0703			
9. STATE OF BIRTH NJ		10. SOCIAL SECURITY NO. 146-12-1492	
11. MILITARY SERVICE 19 TO 19		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 12			
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Medo-Bel Dairy			
17. OCCUPATION Driver/Salesman		18. KIND OF BUSINESS Creamery	
19. YEARS IN OCCUPATION 28			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 131 Dahlia Street			
21. CITY Klamath Falls		22. COUNTY Klamath	
23. ZIP CODE 97601		24. YRS IN COUNTY 50	
25. STATE OR FOREIGN COUNTRY OR			
26. NAME, RELATIONSHIP Mary E. Kossman - Wife			
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 131 Dahlia St. Klamath Falls Oregon 97601			
28. NAME OF SURVIVING SPOUSE—FIRST Mary		29. MIDDLE Ethel	
30. LAST (MAIDEN NAME) Burke			
31. NAME OF FATHER—FIRST Anthony		32. MIDDLE -	
33. LAST Kossman		34. BIRTH STATE NY	
35. NAME OF MOTHER—FIRST Mary		36. MIDDLE -	
37. LAST (MAIDEN) Ruppert		38. BIRTH STATE NY	
39. DATE MM/DD/CCYY 10/10/1996		40. PLACE OF FINAL DISPOSITION Mt. Calvary Cemetery 225 Pine Grove Rd Klamath Falls Oregon 97603	
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER Emory Hord III	
43. LICENSE NO. 6753			
44. NAME OF FUNERAL DIRECTOR Cypress View/Bonham Bros.		45. LICENSE NO. F-670	
46. SIGNATURE OF LOCAL REGISTRAR K. R. P. J.		47. DATE MM/DD/CCYY 10/10/1996 mm	
101. PLACE OF DEATH UCSD Medical Center		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY San Diego	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 200 W. Arbor Drive		106. CITY San Diego	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Massive Gastrointestinal Hemorrhage		6 Hrs.	
DUE TO (B) Diverticulitis		Days	
DUE TO (C)			
DUE TO (D)			
108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 09/30/1996 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 10/09/1996		115. SIGNATURE AND TITLE OF CERTIFIER Joseph Resnikoff MD	
116. LICENSE NO. G081783		117. DATE MM/DD/CCYY 10/10/1996	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP Joseph Resnikoff MD 200 W. Arbor Dr San Diego CA 92103			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
121. INJURY DATE MM/DD/CCYY		122. HOUR	
123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)			
126. SIGNATURE OF CORONER OR DEPUTY CORONER K. R. P. J.		127. DATE MM/DD/CCYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
A B C D E F G H		FAX AUTH. # 9614313	
CENSUS TRACT			

Return: Mary Kossman

131 Dahlia K.F.O. 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mary Kossman the 18th day of October A.D., 19 96 at 2:50 o'clock P. M., and duly recorded in Vol. M96 of Deeds on Page 33058

Bernetha G. Letsch

By

County Clerk

FEE \$10.00