44706

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

M70 7996
State File Number

269
Local File Number

CERTIFICATE OF DEATH

SEP 10 1 13 PM 1970

DECEASED

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

1. DECEASED—NAME (First, Middle, Last)	Fred William Hahn
2. DATE OF DEATH (month, day, year)	August 27, 1970
3. RACE White, Negro, American Indian, etc. (specify)	white
4. SEX	male
5a. AGE—Last birthday (years)	55
6. DATE OF BIRTH (month, day, year)	March 11, 1915
7a. COUNTY OF DEATH	Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls
7c. Inside City Limits (specify yes or no)	yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME	P.I. Hospital
8. STATE OF BIRTH (if not in U.S.A., name country)	Washington
9. CITIZEN OF WHAT COUNTRY	USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	married
11. NAME OF SPOUSE	Frances Hahn
12. SOCIAL SECURITY NUMBER	538 03 1784
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	owner Pelican Marina
13b. KIND OF BUSINESS OR INDUSTRY	Boat Sales & Marina
14a. RESIDENCE—STATE	Oregon
14b. COUNTY	Klamath
14c. CITY, TOWN, OR LOCATION	Klamath Falls
14d. Inside City Limits (specify yes or no)	yes
14e. STREET AND NUMBER OR R.F.D.	1342 Sargeant St
15. FATHER—NAME	Fred L. Hahn
16. MOTHER—Maiden Name	Ellen Luff
17. INFORMANT—NAME and relationship to deceased	Frances Hahn widow

CAUSE

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

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

18.	Cause	Approximate interval between onset and death
(a) immediate cause	Cardiac failure	4 hours
(b) due to, or as a consequence of:	Arteriosclerosis [illegible] (coronary & [illegible])	5 years
(c) due to, or as a consequence of:	Probable septal infarct	48 hours

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Aorto-iliac-femoral thrombo[illegible]

19a. AUTOPSY (yes or no): no

19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no) — 20b. DATE OF INJURY (month, day, year) — 20c. HOUR M. — 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

20e. INJURY AT WORK (specify yes or no) — 20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) — 20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Aug. 3 1970 to Aug. 27 "70. And Last Saw Him/Her Alive on: Aug. 27 1970. I Did/Did Not view the body after death (specify): did. DEATH OCCURRED (hour) 6:58 P M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: G J Nicholson

22b. NAME (type or print): Gerald J. Nicholson MD (degree or title)

22c. DATE SIGNED (month, day, year): Aug. 28, 1970

8/28/70

23. MAILING ADDRESS—PHYSICIAN: 312 Med-Dental Bldg Klamath Falls Ore 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): burial

24b. CEMETERY OR CREMATORY—NAME: Mt Calvary Cemetery

24c. LOCATION (city or town, state): Klamath Falls, Oregon

24d. DATE (mo., day, year): Sept 2, 1970

25a. FUNERAL DIRECTOR—SIGNATURE: Keith O'Hair

25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel 515 Pine Klamath Falls Oregon

26a. REGISTRAR—SIGNATURE: Marian Ackerman

26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 28 1970

27. DATE RECEIVED BY STATE REGISTRAR:

28. RESERVED FOR REGISTRAR'S USE

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.

NEIL BLACK, M.D., Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar

Date SEP 1 1970 19

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of H. F. Smith

this 10th day of September A. D. 19 70 at 1:13 o'clock P. M., and duly recorded in

Vol. M-70 of Deeds on Page 7996

WM. D. MILNE, County Clerk

By Marlene T. Addington Deputy

FEE $1.50