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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M74 Page 6163

CERTIFICATE OF DEATH

Local File Number: 449

State File Number:

1. DECEASED—NAME: First: Mary Middle: L. Last: Fayne
2. DATE OF DEATH (month, day, year): November 21, 1973
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Female
5a. AGE—Last birthday (years): 70
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): June 24, 1903
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 (if not in either, give street and number): P. I. Hospital
8. STATE OF BIRTH (if not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Michael H. Fayne
12. SOCIAL SECURITY NUMBER: 540-42-8691 B
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Home
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Malin X
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: Route #1 Box 171
15. FATHER—NAME first middle last: Frank Graybael
16. MOTHER—Maiden Name first middle last: Stella F. Pope
17. INFORMANT—NAME and relationship to deceased: Michael H. Fayne: Husband

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

	Cause	Approximate interval between onset and death
immediate cause (a)	Cardiogenic Shock	20 hours
due to, or as a consequence of: (b)	Coronary artery occlusion	
due to, or as a consequence of: (c)	Generalized arteriosclerosis	

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

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Aortic Aneurysm; diabetes; obesity; [illegible]

19a. AUTOPSY (yes or no): yes
19b. IF YES were findings considered in determining cause of death: Yes

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):

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Nov 17 73 to Nov 21 73. And Last Saw Him/Her Alive on: Nov 21 73. I Did/Did Not view the body after death (specify): DEATH OCCURRED (hour) 11:40 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Raymond Tice MD
22b. NAME (type or print): Raymond Tice; degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 11-28-73
23. MAILING ADDRESS—PHYSICIAN: street: Medical Dental Building; city or town: Klamath Falls, state: Oregon; zip: 97601
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: I.O.O.F. Cemetery
24c. LOCATION city or town, state: Merrill, Oregon
24d. DATE (mo., day, year): 11-24-73
25a. FUNERAL DIRECTOR—SIGNATURE: Floyd C. [illegible]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel:515 Pine, Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: Marian [illegible]
26b. DATE RECEIVED BY LOCAL REGISTRAR: NOV 28 1973
27. DATE RECEIVED BY STATE REGISTRAR: DEC 10 1973
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON ss. DATE ISSUED December 10, 1973

County of Multnomah

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

STATE OF OREGON 1859

[signature]
STATE REGISTRAR

Ret: Wilbur O. Bruckner
Merrill Ore

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of WILBUR O. BRICKNER

this 16th day of May A.D., 1974 at 12:50 o'clock P.M., and duly recorded in

Vol. M 74 of DEEDS on Page 6163

WM. D. MILNE, County Clerk

FEE $ 2.00 By Hazel Drazil Deputy