

89363

138

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section
CERTIFICATE OF DEATH

Date of Death (month, day, year)

6604

DECEASED

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

1. DECEASED - NAME Florence Merle Heiken	2. SEX Female	3. AGE - last birthday (years) 80	4. DATE OF BIRTH (month, day, year) May 15, 1974
5. RACE White	6. CITY, TOWN, OR LOCATION OF BIRTH Klamath Falls	7. STATE OF BIRTH (name of state) Oregon	8. DATE OF DEATH (month, day, year) October 9, 1993
9. COUNTY OF DEATH Klamath	10. CITIZENSHIP U.S.A.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (check one) MARRIED	12. NAME OF SPOUSE Max Heiken, Son
13. SOCIAL SECURITY NUMBER 542-44-3947 A	14. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Teacher	15. KIND OF BUSINESS OR INDUSTRY Education	16. STREET AND NUMBER OR R.F.D. 204 North 3rd St.
17. RESIDENCE - STATE Oregon	18. CITY, TOWN, OR LOCATION Klamath Falls	19. NAME OF DECEASED George Taylor Porter	20. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day

CAUSE

Conditions, if any, which gave rise to, or as a consequence of, the death, stating the underlying cause last.

(a) due to, or as a consequence of, *Myocardial infarction*

(b) *Myocardial infarction*

(c) *Myocardial infarction*

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c).

1. ACCIDENT	2. DATE OF INJURY (month, day, year)	3. HOUR	4. HOW INJURY OCCURRED (enter nature of injury in part I or Part II, item 18)	5. AUTOPSY	6. IF YES, where performed (month, day, year)
20a. INJURY AT WORK (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or Part II, item 18)	20e. AUTOPSY (yes or no)	20f. IF YES, where performed (month, day, year)
20a. INJURY AT WORK (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or Part II, item 18)	20e. AUTOPSY (yes or no)	20f. IF YES, where performed (month, day, year)

CERTIFIER

21. PHYSICIAN - SIGNATURE
Medical Dentl. Bid.

22. PHYSICIAN - NAME
Medical Dentl. Bid.

23. PHYSICIAN - ADDRESS
Klamath Falls, Oregon

BURIAL

24. FUNERAL HOME - SIGNATURE
Funeral Home

25. FUNERAL HOME - NAME AND ADDRESS
Funeral Home, 515 Pine, Klamath Falls, Ore. 97601

26. DATE RECEIVED BY LOCAL REGISTRAR
May 1, 1974

27. DATE RECEIVED BY STATE REGISTRAR
May 1, 1974

VS-2 R-69

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By *Marianne Johnson*, Deputy RegistrarDate *May 17 1974*

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of *GANONG & SISEMORE*this *29th* day of *May* A.D., 19 *74* at *4:52* o'clock *P.M.*, and duly recorded inVol. *M 74* of *DEEDS* on Page *6604*

FEE \$ 2.00

WM. D. MILNE, County Clerk

By *Hazel Hazel*, DeputyRet. *Ernest & Bernice*

538 Main St.