92926

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 286
State File Number:

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SEP 12 11 06 AM 1974

DECEASED

1. Deceased—Name: Rev. Joda Leonard Buck
2. Date of Death (month, day, year): Sept. 3, 1974
3. Race (White, Negro, American Indian, etc.) (specify): White
4. Sex: Male
5a. Age—last birthday (years): 74
6. Date of Birth (month, day, year): June 16, 1900
7a. County of Death: Klamath
7b. City, Town, or Location of Death: Chiloquin
7c. Inside City Limits (specify yes or no): Yes
7d. Hospital or Other Institution—Name (if not in either, give street and number): Box 335
8. State of Birth (if not in U.S.A., name country): Arkansas
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced (specify): Married
11. Name of Spouse: Floy O. Buck
12. Social Security Number: 541-24-8827
13a. Usual Occupation (give kind of work done during most of working life, even if retired): Clergyman
13b. Kind of Business or Industry: Methodist Church

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

14a. Residence—State: Oregon
14b. County: Klamath
14c. City, Town, or Location: Chiloquin
14d. Inside City Limits (specify yes or no): Yes
14e. Street and Number or R.F.D.: Box 335
15. Father—Name: Jessie Buck
16. Mother—Maiden Name: Margaret Whitted
17. Informant—Name and relationship to deceased: Floy O. Buck, Wife

CAUSE

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)	Probable Cardiac arrest	Seconds
Due to, or as a consequence of: (b)	Severe Uremia	months
Due to, or as a consequence of: (c)	Chronic glomerulonephritis	years

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)

19a. Autopsy (specify 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: June 24, 1974 to 9-3-74
And Last Saw Him/Her Alive on: Aug. 21, 1974
I Did/Did Not view the body after death
Death Occurred: 10:40 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. Physician—Signature: Kenneth K. Magee
22b. Name (type or print): Kenneth K. Magee
Degree or Title: M.D.
22c. Date Signed (month, day, year): Sept. 5, 1974
23. Mailing Address—Physician: Medical Dentl. Bld., Klamath Falls, Ore. 97601

BURIAL

24a. Burial, Cremation, Removal, Maus. (specify): Burial
24b. Cemetery or Crematory—Name: Eternal Hills
24c. Location: Klamath Falls, Oregon
24d. Date (mo., day, year): 9-5-74
25a. Funeral Director—Signature: Mike O'Hair
25b. Funeral Home—Name and Address: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. Registrar—Signature: Marian Ackerman
26b. Date Received by Local Registrar: SEP 1974
27. Date Received by State Registrar:
28. Reserved for Registrar's Use

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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

(SEAL)

By Marian Ackerman, Deputy Registrar

Date SEP 9 1974 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. J. L. Buck

this 12th day of SEPTEMBER A. D. 19 74 at 11:06 o'clock A. M., and duly recorded in Vol. M-74, of Deeds on Page 12136

WM. D. MILNE, County Clerk

By Charlene L. Hostmer Deputy

Fee #2.00