94260

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

# CERTIFICATE OF DEATH

State File Number 300 Local File Number

DECEDENT—NAME: First Richard; middle Lee; last Hafar

1. RACE (White, Negro, American Indian, etc. (specify)) White
2. DATE OF DEATH (month, day, year) Aug. 27, 1974
3. COUNTY OF DEATH Klamath
4. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls
5. AGE—Last Birthday (years) 43; Under 1 year: months; days; Under 1 day: hours; min.
6. SEX Male
7. Inside City Limits (specify yes or no) Yes
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
9. DATE OF BIRTH (month, day, year) Sept. 4, 1930
10. HOSPITAL OR OTHER INSTITUTION—NAME (If not, give street and number) O.A. Pres. Intercomm. Hos.
11. NAME OF SPOUSE Carol Hafar
12a. KIND OF BUSINESS OR INDUSTRY Farrier (Horse Shoeing)
12b. Inside City Limits (specify yes or no) No
12c. STREET AND NUMBER OR R.F.D. 6002 Logan St.
12d. INFORMANT—NAME and relationship to deceased Carol Hafar, Wife

DECEASED

13a. STATE OF BIRTH (If not in U.S.A., name of country) Oregon
13b. CITIZEN OF WHAT COUNTRY U.S.A.
13c. OCCUPATION (Give kind of work done during most of working life, even if retired) Farrier (Horse Shoeing)
14. SOCIAL SECURITY NUMBER 474-26-6035
15a. FATHER—NAME: first Herbert; middle Hafar; last
15b. MOTHER—Maiden Name: first Ruth; middle; last Moulton
16. INFORMANT'S MAILING ADDRESS (Street and number or R.F.D. number, city or town, state, zip code) 6002 Logan Drive, Klamath Falls, Ore. 97601

CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I. DEATH WAS CAUSED BY:
18. (a) Immediate Cause: Arteriosclerotic heart disease
(b) Due to, or as a consequence of:
(c)
Conditions, if any, which gave rise to the above 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 (yes or no) No
19b. IF YES were findings considered in determining cause of death

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year)
20b. HOUR
20c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18)
20d. INJURY AT WORK (specify yes or no)
20e. PLACE OF INJURY (home, farm, factory, office bldg., etc. (specify))
20f. LOCATION (street or R.F.D. No., city or town, county, state)
20g. CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about the date and hour stated.
21a. DEATH OCCURRED THE DECEDENT WAS PRONOUNCED DEAD
hour 6:20 P.M. day Aug. 27, month 1974 year 7:00 P.M.
21b. CERTIFIER—SIGNATURE
21c. NAME—(Type or print)
Accident ☐ Suicide ☐ Homicide ☐ Natural Causes ☒ Undetermined ☐ Pending ☐
Degree or Title M.D.

CERTIFIER

22a. MEDICAL INVESTIGATOR: FOR: Klamath COUNTY
22b. DATE SIGNED (month, day, year) September 16, 1974

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS (specify) Burial
24a. CEMETERY OR CREMATORY—NAME Eternal Hills
24b. LOCATION city or town Klamath Falls state Ore.
24c. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Klamath Falls—O 515 Pine, Klamath Falls, Ore. 97601
25a. FUNERAL DIRECTOR—SIGNATURE
25b. O'Hair's Funeral Chapel
25c. DATE RECEIVED BY LOCAL REGISTRAR 8-30-74
26a. REGISTRAR—SIGNATURE
26b. DATE RECEIVED BY STATE REGISTRAR Sept. 16, 1974
27. RESERVED FOR REGISTRAR'S USE

VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

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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 _____, Deputy Registrar
Date SEP 16 1974 19____
VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of CAROL HAFAR

this 25th day of OCTOBER A. D., 19 74 at 3:24 o'clock P M., and duly recorded in Vol. M-74 of DEEDS on Page 13979

Mrs. Carol Hafar
6002 Logan Drive
City

FEE $ 2.00

WM. D. MILNE, County Clerk

By _____ Deputy