

9284

STATE OF OREGON - HEALTH DIVISION  
Vital Statistics Section

76 JAN 16 AM 11 28

CERTIFICATE OF DEATH

DECEASED NAME: BUCK First Middle Last

Local File Number: 76 JAN 16 AM 11 28

State File Number: 792

1. BUCK SEX MALE AGE (last birthday, years) 67 DATE OF BIRTH (month, day, year) January 5, 1906

2. BUCK CITY, TOWN, OR LOCATION OF DEATH Klamath Falls COUNTY CLATSOP

3. BUCK CITIZEN OF WHAT COUNTRY USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Never married

4. BUCK SOCIAL SECURITY NUMBER 510-18-0810 RESIDENCE - STATE OREGON CITY, TOWN, OR LOCATION Klamath Falls STREET AND NUMBER OR R.F.D. 5520 Villa Drive

5. BUCK FATHER - NAME Charles E. Buck MOTHER - Maiden Name Katherine Rose Woods INDEMNITY - NAME and relationship to deceased Helen D. Buck (Wife)

6. BUCK DEATH WAS CAUSED BY: CHRONIC FAILURE (a) BRUCE HEATH COOPER (b) Accurate death record

7. BUCK PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) None (b) None (c) None

8. BUCK ACCIDENT (specify yes or no) NO DATE OF INQUIRY 7-6-75 HOUR 10:30-75 HOW INQUIRY OCCURRED (enter name of R.F.D. No., city or town, county, state) At the place of death

9. BUCK PLACE OF INQUIRY (specify yes or no) NO LOCATION (street or R.F.D. No., city or town, county, state) At the place of death

10. BUCK PHYSICIAN (specify yes or no) NO NAME (type or print) E.F. Howard, M.D. DATE SIGNED (month, day, year) 1-6-75

11. BUCK PHYSICIAN - SIGNATURE E.F. Howard DATE RECEIVED BY LOCAL REGISTRAR 1-6-75

12. BUCK FINAL CREATION, REMOVAL, OR CEMETERY ON CREATION - NAME Forestside Cemetery LOCATION Oregon DATE (month, day, year) 2nd Jan. 6, 1975

13. BUCK FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip) Sam's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601 DATE RECEIVED BY STATE REGISTRAR 1-6-75

14. BUCK DATE RECEIVED BY LOCAL REGISTRAR 1-6-75

15. BUCK DATE RECEIVED BY STATE REGISTRAR 1-6-75

16. BUCK FEE \$ 3.00

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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

(SEAL)

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

By Marion Chapman Deputy Registrar  
Date JAN - 6 1975

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of January A.D., 1976 at 11:28 o'clock A M., and duly recorded in Vol. N 76 of DEEDS on Page 792.

FEE \$ 3.00

WM. D. MILNE, County Clerk  
By Harold Magle Deputy

Return to:  
Jim Lynch,  
attorney at law,  
620 - 1st - North  
Salem, Or.  
97301

Memorandum  
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FEE