18986
310
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M76 Page 14438
State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): WILLIAM HENRY BADKER
2. DATE OF DEATH (month, day, year): September 10, 1976
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 57
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): April 4, 1919
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): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): South Dakota
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: E. Carol Badker
12. SOCIAL SECURITY NUMBER: 478 - 18 - 3418
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Maintenance
13b. KIND OF BUSINESS OR INDUSTRY: Bureau of Reclamation

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: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 3809 Summers Lane

15. FATHER—NAME (first middle last): Frank Badker
16. MOTHER—Maiden Name (first middle last): Etta Crauthers
17. INFORMANT—NAME and relationship to deceased: Carol Badker - Wife

CAUSE

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

18. immediate cause
(a) Cardiomegaly Sinus Thrombosis — approximate interval between onset and death: 96 hrs
due to, or as a consequence of:
(b) Diabetes Mellitus — 6 yrs
due to, or as a consequence of:
(c) Hypertensive C.V.D. — 4 mo

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)

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

ACCIDENT (specify yes or no): 20a.
DATE OF INJURY (month, day, year): 20b.
HOUR: 20c. M.
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 at home, farm, street, factory, office bldg., etc. (specify): 20f.
LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 3-30-53 (month day year) to 9-10-76 (month day year) And Last Saw Him/Her Alive on: 9-9-76 (month day year)
I Did/Did Not view the body after death (specify): Autopsy
DEATH OCCURRED (hour): 2:06 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Fletcher F. Conn M.D.
22b. NAME (type or print) degree or Title: Fletcher F. Conn M.D
22c. DATE SIGNED (month, day, year): 9-11-76
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 1905 Main St. - Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Mem. Park
24c. LOCATION (city or town, state): Klamath Falls, Ore.
24d. DATE (mo., day, year): Sept. 13, '76
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): WARD'S - 1945 Main - Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: Marian Scherman
26b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 13 1976
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Ref: E. Carol Badker
3809 Summers Ln

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 [signature] Deputy Registrar
Date SEP 14 1976
(SEAL)
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 14th day of September A.D., 19 76 at 4:21 o'clock P. M., and duly recorded in Vol M76, of Deeds on Page 14438.

WM. D. MILNE, County Clerk
By [signature] Deputy

FEE $3.00