38626

STATE OF OREGON–STATE HEALTH DIVISION

Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number 347 — State File Number

DECEASED

1. NAME: First HARZEDON; Middle WHITNEY; Last BUESS
2. DATE OF DEATH (month, day, year): October 17, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE–last birthday (years): 63
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): December 6, 1913
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): 3023 Shasta Way
8. STATE OF BIRTH (if not in U.S.A., name of country): Nebraska
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Ida J. Buess
12. SOCIAL SECURITY NUMBER: 505 - 05 - 8813
13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Veterans Service Officer-Retired
13b. KIND OF BUSINESS OR INDUSTRY: Klamath County
14. RESIDENCE–STATE: Oregon
14a. COUNTY: Klamath
14b. CITY, TOWN, OR LOCATION: Klamath Falls
14c. Inside City Limits (specify yes or no): Yes
14d. STREET AND NUMBER OR RFD: 3023 Shasta Way
15. FATHER–NAME first middle last: George Henry Buess
16. MOTHER–Maiden Name first middle last: Minnie - Harunda
17. INFORMANT–Name and relationship to deceased: Ida J. Buess (Wife)

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

CAUSE

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

18. Immediate Cause (a) due to, or as a consequence of: Cardiopulmonary Arrest
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) due to or as a consequence of: Metastatic Bronchogenic Carcinoma, Lung
(c) Bronchogenic Carcinoma, Lung

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a)

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year): 20a.
HOUR: 20b.
HOW INJURY OCoccurred (enter nature of injury in Part I or Part II, item 18): 20c.
19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death
20a. INJURY AT WORK (specify yes or no)
20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20c. LOCATION (street or R.F.D. No., city or town, county, state)
20d.

CERTIFICATION–MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:
DEATH OCCURRED (hour) 9:00 P.M. (day) (month) Oct. 17 (year) 1977
THE DECEDENT WAS PRONOUNCED DEAD (hour) P.M. (day) (month) Oct. 17 (year) 1977
21a. CERTIFIER–SIGNATURE: [signature]
21b. M.D.
21c. NAME–(type or print)
Natural Causes [X] Accident [ ] Suicide [ ]
Homicide [ ] Undetermined [ ] Pending [ ]
Degree or Title

CERTIFIER

22a. MEDICAL INVESTIGATOR:
FOR:
22b. DATE SIGNED (month, day, year): October 19, 1977
23. BURIAL, CREMATION, REMOVAL, R.A.U.S. (specify)
CEMETERY OR CREMATORY–NAME
LOCATION city or town state
24a. Burial
24b. Willarette Mat. Gem.
24c. Portland, Oregon
24d. 10-21-77

BURIAL

25a. FUNERAL DIRECTOR–SIGNATURE: [signature]
25b. FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): Hards Klamath Funeral Home Inc., Klamath Falls, Oregon
DATE RECEIVED BY LOCAL REGISTRAR
26a. REGISTRAR–SIGNATURE: [signature]
RESERVED FOR REGISTRAR'S USE
26b. Oct. 19, 1977
27.

4. [signature] 3023 Shasta Way, Klamath Falls, Ore. 97601
5. [signature] Funeral Director
6. [signature] Registrar

28

VS-107 REV. 2-73

ORIGINAL–VITAL STATISTICS COPY

[signature]

3023 Shasta Way
Klamath Falls, Ore 97601

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)

MARJORIE S. COMER, Registrar Vital Statistics
By [signature], Deputy Registrar
Date OCT 24 1977 19
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 8th day of November A.D., 1977 at 11:26 o'clock A M., and duly recorded in Vol M77, of Deeds on Page 21477.

FEE $3.00

WM. D. MILNE, County Clerk
By Barnetha A. Kelsch Deputy

'77 NOV 8 AM 11

Vol. M 77 Page 21477