

39858

380

CERTIFICATE OF DEATH

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

Vol. 77 Page 23384

DECEASED - NAME: Howard, Rustle, Kirchan
RACE: White, SEX: Male, AGE: 68, DATE OF DEATH: November 11, 1977
COUNTY OF DEATH: Klamath, CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
STATE OF BIRTH: Washington, CITIZEN OR WHAT COUNTRY: U.S.A., MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
SOCIAL SECURITY NUMBER: 518-10-1012 A, USUAL OCCUPATION (give kind of work done during most of working career): Meat Market Manager
RESIDENCE - STATE: Oregon, COUNTY: Klamath, CITY, TOWN, OR LOCATION: Klamath Falls, STREET AND NUMBER OR R.F.D.: 4417 Summers Lane
FATHER - NAME: Louis Kirchan, MOTHER - Maiden Name: Augusta Holstinski, INFORMANT - NAME and relationship to deceased: Nina M. Kirchan, wife
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
(a) CHOCOLATE, (b) STOMACH - UNRECOVERABLE - METASTASIS
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a), (b), and (c)
1. ACCIDENT (specify year or no): No, DATE OF INJURY (month, day, year): No, HOUR: No, HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 1b): No
2. INJURY AT WORK (specify year or no): No, PLACE OF INJURY (home, farm, street, factory, office, etc. (specify)): No, LOCATION (street or R.F.D. No., city or town, county, state): No
3. CERTIFICATION - PHYSICIAN: I attended the deceased from: 7/21/77 to Nov. 11, 1977, NAME (type or print): Dave Seeley, M.D., DATE SIGNED (month, day, year): 11/14/77
4. BURIAL: FUNERAL CREATION, REMOVAL, GENETERY OR CREMATORY - NAME: Medical Dental Bldg., Klamath Falls, Oregon, 97601, LOCATION: city or town, state, zip
5. FUNERAL CREATION, REMOVAL, GENETERY OR CREMATORY - NAME: Eternal Hills Mem. Gard, Klamath Falls, Oregon, 97601, LOCATION: city or town, state, zip
6. FUNERAL HOME - NAME AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601, (street, city or town, state, zip)
7. REGISTRAR - SIGNATURE: Marjorie S. Comer, DATE RECEIVED BY LOCAL REGISTRAR: NOV 14 1977, DATE RECEIVED BY STATE REGISTRAR: NOV 14 1977
8. FEE FOR REGISTRAR USE: \$3.00

Wm. D. Milne
411 Pine
K. Falls

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: Marjorie S. Comer Deputy Registrar
Date: NOV 14 1977
STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the 2nd day of December A.D., 19 77 at 1:36 o'clock P M., and duly recorded in Vol. M77 of Deeds on Page 23384.
FEE \$3.00
WM. D. MILNE, County Clerk
By: Bernetha D. Leitch Deputy