

A4089

1992

Local File Number

CERTIFICATE OF DEATH

STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section

Vol. 78 Page 4127

State File Number

DECEASED

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

1. DECEASED - NAME First Middle Last
Adolph Cacka2. DATE OF DEATH (month, day, year)
June 11, 19773. RACE (White, Negro, American Indian, etc. (specify))
White4. SEX
Male5. AGE - Last birthday (years)
846. UNDER 1 year Under 1 day
Under 1 year Under 1 day
Under 1 year Under 1 day7. CITY, TOWN, OR LOCATION OF DEATH
Klamath Falls8. INSIDE CITY LIMITS (specify YES or NO)
YES9. HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)
Pres. Intercomm. Hosp.10. NAME OF SPOUSE
Amelia M. Cacka11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
MARRIED12. U.S.A. (specify)
U.S.A.13. CITIZEN OF WHAT COUNTRY
U.S.A.14. SOCIAL SECURITY NUMBER
544-42-987515. RESIDENCE - STATE
Oregon16. CITY, TOWN, OR LOCATION
Klamath17. INSIDE CITY LIMITS (specify YES or NO)
NO18. STREET AND NUMBER OR R.F.D.
Star Rt. Box 11619. FATHER - NAME first middle last
Ignac Cacka20. MOTHER - Maiden Name first middle last
Josephine Micka21. INFORMANT - NAME and relationship to deceased
Adolph Cacka Jr., Son22. DEATH WAS CAUSED BY:
PART I. IMMEDIATE CAUSE
CHRONIC CEREBRAL ANTERIOR SCENOSI
PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
PREVIOUS STROKES

CAUSE

1. ACCIDENT (specify yes or no)
2. INJURY AT WORK (specify yes or no)
3. CERTIFICATION - month day year
7-22-69
4. PHYSICIAN SIGNATURE
Everett E. Howard
5. MAILING ADDRESS - PHYSICIAN
2622 Campus Dr.,
Klamath Falls, Oregon 97601
6. BUREAU, CREMATION, REMOVAL, MAUS (specify)
Cremation
7. FUNERAL DIRECTOR - SIGNATURE
M. D. Howard
8. FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip)
O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
9. REGISTRAR - SIGNATURE
Marian Sherman
10. DATE RECEIVED BY LOCAL REGISTRAR
JUN 14 1977
11. DATE RECEIVED BY STATE REGISTRAR
JUN 14 1977
12. RESERVED FOR REGISTRAR'S USESTATE 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.

MARJORIE S. COMER, Registrar Vital Statistics

By Marian Sherman, Deputy Registrar
Date JUN 14 1977

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 6th day of March A.D., 19 78 at 9:33 o'clock A M., and duly recorded in Vol. M78, of Deeds on Page 4127

FEE \$3.00

WM. D. MILNE, County Clerk

By Leatha O. Selach, Deputy