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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Local File Number

Vol. M 78 Page 22029

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First HENRY; Middle JOSEPH; Last BUCKINGHAM			2 DATE OF DEATH (month, day, year): May 15, 1978
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Male	5a AGE—Last birthday (years): 66; 5b Under 1 year mos/days; 5c Under 1 day hours/min.	6 DATE OF BIRTH (month, day, year): June 7, 1911
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Keno	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Box 44	7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]
8 STATE OF BIRTH (If not in U.S.A., name country): Wisconsin	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Clara Ann
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No	13 SOCIAL SECURITY NUMBER: 394 - 05 - 7576	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Owner	14b KIND OF BUSINESS OR INDUSTRY: Keno Cafe
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Keno	15d STREET AND NUMBER OR R.F.D., ZIP: Box 44 97627
15e Inside City Limits (specify yes or no): Yes	16 FATHER—NAME first middle last: Casper Buckingham	17 MOTHER—Maiden Name first middle last: Rose Oswald	18 INFORMANT—NAME and relationship to deceased: Henry Buckingham, Jr - Son
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Keno Cemetery		19c LOCATION city or town state: Keno, Oregon
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: James K. Ward	20b NAME AND ADDRESS OF FACILITY: WARDS - 1945 Main - Klamath Falls, Oregon 97601		

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: James F. Novak MD	21b DATE SIGNED [Mo., Day, Yr.]: 5/15/78	21c HOUR OF DEATH: 2:30 AM

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: James F. Novak, M.D. / 1905 Main St / Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 18 1978	22b REGISTRAR [Signature]: Marian Johnson

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

		Interval between onset and death
(a)	VENTRICULAR FIBRILLATION	
DUE TO, OR AS A CONSEQUENCE OF: (b)	ACUTE CORONARY OCCLUSION	Immed
DUE TO, OR AS A CONSEQUENCE OF: (c)	ADVANCED ARTERIOSLEROSIS	1 Hour

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): CHRONIC SMOKERS BRONCHITIS — Interval between onset and death: Years

ACCIDENT [Specify Yes or No] 26a	DATE OF INJURY [Mo, Day, Yr] 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d	AUTOPSY [Specify Yes or No] 24: No	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 [Specify Yes or No]: Yes
INJURY AT WORK [Specify Yes or No] 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc.[Specify] 26f		LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g		

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

Returned to: JA-Swain

'78 OCT 3 PM 3 44

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 Marian Johnson, Deputy Registrar

Date MAY 18 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of October A.D., 19 78 at 3:44 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 22029.

FEE $3.00

WM. D. MILNE, County Clerk

By Rosetta Skelton Deputy