61543

3 Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First: HERBERT	Middle: M.	Last: FAULKNER	2 DATE OF DEATH (month, day, year) January 7, 1979

3 RACE White, Black, American Indian, etc.(specify) White	4 SEX Male	5a AGE—Last birthday (years) 74	5b Under 1 year mos. days	5c Under 1 day hours min.	6 DATE OF BIRTH (month, day, year) August 30, 1904

7a COUNTY OF DEATH Klamath	7b CITY, TOWN OR LOCATION OF DEATH Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 4334 Laverne Avenue	7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify] —

8 STATE OF BIRTH (If not in U.S.A., name country) Colorado	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	11 SPOUSE (IF MARRIED, WIDOWED) Lelah B. Faulkner	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No

13 SOCIAL SECURITY NUMBER 558-03-2987	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Civil Engineer	14b KIND OF BUSINESS OR INDUSTRY Civil Service

15a RESIDENCE—STATE Oregon	15b COUNTY Klamath	15c CITY, TOWN, OR LOCATION Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP 4334 Laverne Avenue 97601	15e Inside City Limits (specify yes or no) No

16 FATHER—NAME first middle last John B. Faulkner	17 MOTHER—Maiden Name first middle last Myrtle — DeSlim	18 INFORMANT—NAME and relationship to deceased Lelah B. Faulkner, wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial	19b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	19c LOCATION city or town state Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] William F. Davenport	20b NAME AND ADDRESS OF FACILITY DAVENPORT'S CHAPEL OF THE GOOD SHEPHERD, 6420 South Sixth Street, Klamath Falls, Oregon 97601

To be Completed by CERTIFYING PHYSICIAN Only

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature] Mark S. Kochevar M.D.	21b DATE SIGNED [Mo., Day, Yr.] 1-8-79	21c HOUR OF DEATH 5:40 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print] Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] Fletcher F. Conn, M.D.

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] JAN 8 1979	22b REGISTRAR [Signature] Marian Ackerman

23 PART I	IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]	Interval between onset and death
(a)	Congestive Heart failure	7 mos
DUE TO, OR AS A CONSEQUENCE OF: (b)	Arteriosclerotic Heart disease	10 yrs
DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	24 AUTOPSY [Specify Yes or No] No	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No] Yes

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo, Day, Yr]	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc.[Specify]	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of January A.D., 19 79 at 11:50 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 1934.

WM. D. MILNE, County Clerk
By Berneetha G. Letsch Deputy

FEE $3.00