63704

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

Local File Number 73

# CERTIFICATE OF DEATH

Vol. 79 M Page 5354

State File Number

| | | | | | |
|---|---|---|---|---|---|
| 1 DECEASED—NAME First: JOHN Middle: WAYNE Last: HUCK | | | | 2 DATE OF DEATH (month, day, year): March 2, 1979 | |
| RACE White, Black, American Indian, etc.(specify) 3: White | SEX 4: Male | AGE—Last birthday (years) 5a: 41 | Under 1 year: mos. 5b / days | Under 1 day: hours 5c / min. | DATE OF BIRTH (month, day, year) 6: February 19, 1938 |
| COUNTY OF DEATH 7a: Klamath | CITY, TOWN OR LOCATION OF DEATH 7b: Klamath Falls | | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c: Intercommunity Hospital | | IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) 7d: Inpatient |
| STATE OF BIRTH (If not in U.S.A., name country) 8: Oregon | CITIZEN OF WHAT COUNTRY 9: U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10: Married | SPOUSE (IF MARRIED, WIDOWED) 11: Penny I. Huck | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12: Yes |
| SOCIAL SECURITY NUMBER 13: 540-40-6953 | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a: Air-Technician | | KIND OF BUSINESS OR INDUSTRY 14b: Civil Service | | |
| RESIDENCE—STATE 15a: Oregon | COUNTY 15b: Klamath | CITY, TOWN, OR LOCATION 15c: Klamath Falls | STREET AND NUMBER OR R.F.D., ZIP 15d: 9549 Hill Road 97601 | | Inside City Limits (specify yes or no) 15e: No |
| FATHER—NAME first middle last 16: John Huck, Sr. | MOTHER—Maiden Name first middle last 17: Bertha Adolph | | INFORMANT—NAME and relationship to deceased 18: Penny I. Huck, wife | | |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a: Burial | CEMETERY OR CREMATORY—NAME 19b: Lincoln Memorial Cemetery | | LOCATION city or town state 19c: Portland, Oregon | | |
| FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature] 20a: William T. Davenport | NAME AND ADDRESS OF FACILITY 20b: 6420 South Sixth Street, 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]: Alden B. Glidden

| | | |
|---|---|---|
| CERTIFIER — NAME AND TITLE (Type or print) 21d: Alden B. Glidden, MD, 2680 Uhrmann Road, Klamath Falls, Oregon 97601 | DATE SIGNED [Mo., Day, Yr.] 21b: 3-2-79 | HOUR OF DEATH 21c: 4:16 A. M |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] 21e | MAILING ADDRESS (Street, city or town, state, zip) | |

| | | |
|---|---|---|
| DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a: MAR 2 1979 | REGISTRAR 22b [Signature]: Marian Ackerman | |

23 IMMEDIATE CAUSE — [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] — Interval between onset and death

PART I
(a) Cerebral Hemorrhage — Acute
DUE TO, OR AS A CONSEQUENCE OF:
(b) Myocardial Infarction — 1 Week
DUE TO, OR AS A CONSEQUENCE OF:
(c) Atherosclerotic Cardiovascular Dis — Life

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

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

VS-2 Rev-8-78 P-65412

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date MAR 8 1979

VOID IF ALTERED

To: D.L. Hoots
2241 S. 6th #3
K.F. OR

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

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 March A.D., 19 79 at 3:00 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 5354.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha Goforth Deputy