75882

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

Vol. M79 Page 25011

141
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First FOLK; Middle WINFRED; Last HADDOCK				2 DATE OF DEATH (month, day, year): May 4, 1979	
3 RACE: White	4 SEX: Male	5a AGE—Last birthday (years): 68	Under 1 year: 5b mos. days	Under 1 day: 5c hours min	6 DATE OF BIRTH (month, day, year): December 22, 1910
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): 2810 Montelius			7d IF HOSP. OR INST., Indicate DOA, OP/Emer. Rm., Inpatient [Specify]: Home
8 STATE OF BIRTH (If not in U.S.A., name country): Missouri	9 CITIZEN OF WHAT COUNTRY: USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Esperance Haddock		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No
13 SOCIAL SECURITY NUMBER: 541 - 09 - 9208	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Timber - faller Retired		14b KIND OF BUSINESS OR INDUSTRY: Weyerhaeuser Timber Co.		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 2810 Montelius 97601		15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Charles - Haddock	17 MOTHER—Maiden Name first middle last: Florence E. Moore		18 INFORMANT—NAME and relationship to deceased: Esperance Haddock (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]: [signature]	20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., 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]: George Zupan M.D.			21b DATE SIGNED [Mo., Day, Yr.]: May 7, 1979		21c HOUR OF DEATH: 11:55 P. M
CERTIFIER — NAME AND TITLE (Type or print): George Zupan, M.D.			MAILING ADDRESS (Street, city or town, state, zip): 1905 Main Street, Klamath Falls, Oregon 97601		
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:					
21e					
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAY 8 1979	22b REGISTRAR [Signature]: Marian Ackerman				

PART I

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

(a) Transition — Interval between onset and death: Weeks

DUE TO, OR AS A CONSEQUENCE OF:

(b) Carcinomatosis — Interval between onset and death: Months

DUE TO, OR AS A CONSEQUENCE OF:

(c) Small carcinoma lung — Interval between onset and death: Months

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 [Specify Yes or No]: Yes

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo. Day, Yr.]	26c HOUR OF INJURY	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-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 MAY 8 1979

VOID IF ALTERED

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 24th day of October A.D., 19 79 at 4:35 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 25011.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernethan Kilsch Deputy