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STATE OF OREGON  
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics SectionVol. <sup>m</sup> 79 Page 29190

## CERTIFICATE OF DEATH

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DECEASED—NAME		First	Middle	Last	State File Number
1 JOSEPH		KARL	HEIDERER	DATE OF DEATH (month, day, year)	2 December 10, 1979
RACE White, Black, American Indian, etc. (specify)	3 White	4 Male	AGE—Last birthday (years)	5a 84	5b Under 1 year mos. days
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 Washburn Manor
STATE OF BIRTH (If not in U.S.A., name country)	8 Wisconsin	CITIZEN OF WHAT COUNTRY	9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	10 Married
SOCIAL SECURITY NUMBER	13 547 - 03 - 7505	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	14a Fireman / Retired	SPOUSE (IF MARRIED, WIDOWED)	11 Ruth Heiderer
RESIDENCE—STATE	15a Oregon	COUNTY	15b Klamath	CITY, TOWN, OR LOCATION	15c Klamath Falls
FATHER—NAME first middle last	16 Louis Heiderer	MOTHER—Maiden Name first middle last	17 Frances Vogel	STREET AND NUMBER OR R.F.D., ZIP	15d 3831 Sturdivant
BURIAL, CREMATION, REMOVAL MAUS. (specify)	19a Burial	CEMETERY OR CREMATORY—NAME	19b Mt. Calvary Cemetery	INFORMANT—NAME and relationship to deceased	18 Ruth Heiderer / Wife
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)	20a <i>James K. Ward</i>	NAME AND ADDRESS OF FACILITY	20b Ward's Klamath Funeral Home / 1945 Main / Klamath Falls, Or.	LOCATION city or town state	19c Klamath Falls, Oregon
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated				DATE SIGNED (Mo., Day, Yr.)	21b 12-11-79
CERTIFIER — NAME AND TITLE (Type or print)				MAILING ADDRESS (Street, city or town, state, zip)	21c 7:10 A M
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				21d Fletcher F. Conn, M.D. / 1905 Main / Klamath Falls, Oregon 97601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
22a DEC 13 1979		22b [Signature] <i>Marian Ackerman</i>			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
(a) <i>Cardiac arrest</i>				Interval between onset and death	
(b) <i>terminal pulmonary carcinoma metastatic disease</i>				Interval between onset and death	
(c)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER
26a NO	26b	26c	26d	24 NO	25 [Specify Yes or No] NO
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
26e	26f	26g			

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 DEC 13 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 20th day of December A.D., 19 79 at 11:12 o'clock A M., and duly recorded in Vol. 179, of Deeds on Page 29190.

FEE \$3.50

WM. D. MILNE, County Clerk

By *Benjamin A. Hite* Deputy