

82170

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. 1750 Page 5334

Local File Number

State File Number

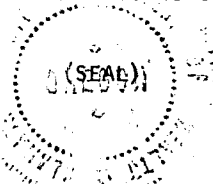
DECEASED—NAME FIRST MIDDLE LAST JOHN COMMODORE McFARLAND, SR.		DATE OF DEATH (MONTH, DAY, YEAR) March 15, 1980	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		SEX Male	AGE—LAST BIRTHDAY (YEARS) 74
COUNTY OF DEATH Klamath		CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Washington		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
SOCIAL SECURITY NUMBER 543 - 10 - 3401		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Night Watchman	KIND OF BUSINESS OR INDUSTRY Winema National Forest
RESIDENCE—STATE Oregon		COUNTY Klamath	CITY, TOWN, OR LOCATION Bonanza
FATHER—NAME FIRST MIDDLE LAST Commodore P. McFarland		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Donna Agnes Oaks	INFORMANT—NAME AND RELATIONSHIP TO DECEASED John C. McFarland, Jr./Son
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	LOCATION CITY OR TOWN STATE Klamath Falls, Oregon
FURNERAL SERVICE LICENSEE OR PERSON ACTING AS NAME AND ADDRESS OF FACILITY WARD'S / 1945 Main St / Klamath Falls, Oregon			
CERTIFICATION—MEDICAL EXAMINER			
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
DEATH OCCURRED (MONTH, DAY, YEAR) 6:27 A.M. March 15, 1980		FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
CERTIFIER—SIGNATURE <i>George R. Nicholson</i>		NAME—(TYPE OR PRINT) George R. Nicholson, M.D.	
MEDICAL EXAMINER FOR: KLAMATH COUNTY		DATE SIGNED (MONTH, DAY, YEAR) March 18, 1980	
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) MAR 18 1980		REGISTRAR <i>Shelia Marie</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))			
(A) DUE TO, OR AS A CONSEQUENCE OF: <i>Probable ventricular fibrillation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>yes, when</i>	
(B) DUE TO, OR AS A CONSEQUENCE OF: <i>Acute Myocardial Infarct</i>		INTERVAL BETWEEN ONSET AND DEATH <i>yes, hours</i>	
(C) DUE TO, OR AS A CONSEQUENCE OF: <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>yes</i>	
PART II OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)			
DATE OF INJURY (MONTH, DAY, YEAR) March 15, 1980		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) Suffered apparent while driving home from work	
INJ. AT WORK (SPECIFY YES OR NO) No		PLACE OF INJURY AT HOME, PARK, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Street	
25D No		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) 1410 S. 6th St./Klamath Falls/Klamath/Oregon	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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.



MARIAN ACKERMAN, Registrar Vital Statistics

By *Shelia Marie* Deputy Registrar
Date *March 18, 1980*
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 March A.D., 19 80 at 4:27 o'clock P M., and duly recorded in Vol 1750 of Deeds on Page 5334.

FEE \$3.50

WM. D. MILNE, County Clerk

By *Shelia Marie* Deputy

980 MAR 20 PM 4 27

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end