82170

HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

95
Local File Number

CERTIFICATE OF DEATH

Vol. M80 Page 5334

State File Number

Field	Entry
1 Deceased—Name (First, Middle, Last)	JOHN COMMODORE McFARLAND, SR.
2 Date of Death	March 15, 1980
3 Race	White
4 Sex	Male
5A Age—Last Birthday (Years)	74
6 Date of Birth	September 26, 1905
7A County of Death	Klamath
7B City, Town, or Location of Death	Klamath Falls
7C Hospital or Other Institution—Name	West Medical Center
7D If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	D.O.A.
8 State of Birth	Washington
9 Citizen of What Country	U.S.A.
10 Married, Never Married, Widowed, Divorced	Married
11 Spouse	Gracia
12 Was Decedent Ever in U.S. Armed Forces?	No
13 Social Security Number	543 - 10 - 3401
14A Usual Occupation	Night Watchman
14B Kind of Business or Industry	Winema National Forest
15A Residence—State	Oregon
15B County	Klamath
15C City, Town, or Location	Bonanza
15D Street and Number or R.F.D.	Route 1, Box 748
15E Inside City Limits	No
16 Father—Name	Commodore P. McFarland
17 Mother—Maiden Name	Donna Agnes Oaks
18 Informant—Name and Relationship to Deceased	John C. McFarland, Jr./So
19A Burial, Cremation, Removal, Maus.	Burial
19B Cemetery or Crematory—Name	Eternal Hills Memorial Gardens
19C Location	Klamath Falls, Oregon
20A Funeral Service Licensee or Person Acting as Such—Signature	[signature]
20B 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:

Field	Entry
21A Death Occurred (Hour)	6:27 A M.
21B The Decedent Was Pronounced Dead	March 15, 1980 / 6:27a M.
21C From	Natural Causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐
21D Certifier Signature	[signature]
21E Name	George R. Nicholson, M.D.
21F Medical Examiner For	KLAMATH County
21G Date Signed	
22A Date Received by Registrar	MAR 18 1980
22B Registrar (Signature)	Shelia Marier

23 Immediate Cause

PART I
(a) Probable ventricular fibrillation — Interval between onset and death: secs-min
(b) Due to, or as a consequence of: Acute Myocardial Infarct — Interval: [illegible] hours
(c) Due to, or as a consequence of: Arteriosclerotic Heart Disease — Interval: yrs

PART II Other significant conditions:

24 Autopsy:

Field	Entry
25A Date of Injury	March 15, 1980
25B Hour	5:40am
25C How Injury Occurred	Suffered apparent while driving home from work
25D Inj. at Work	No
25E Place of Injury	Street
25F Location	1410 S. 6th St./Klamath Falls/Klamath/Oregon

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

'80 MAR 20 PM 4 27

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 Shelia Marier, Deputy Registrar
Date March 18, 1980
VOID IF ALTERED

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

35¢ each

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 M80, of Deeds on Page 5334.

WM. D. MILNE, County Clerk
By [signature] Deputy

FEE $3.50