84401

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

41
Local File Number

CERTIFICATE OF DEATH

Vol. M 80 Page 8991

State File Number

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME First: GEORGE Middle: CHRISTOPHER Last: BUESS

2 DATE OF DEATH (month, day, year): February 12, 1980

3 RACE White, Black, American Indian, etc. (specify): White

4 SEX: Male

5a AGE—Last birthday (years): 59

5b Under 1 year: mos / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): October 9, 1920

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): West Medical Center

7d IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): DOA

8 STATE OF BIRTH (If not in U.S.A., name country): Nebraska

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Dorothy L. Buess

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 506 - 12 - 0482

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Foreman

14b KIND OF BUSINESS OR INDUSTRY: Great Northern Railroad

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1024 Alandale Street 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: George H. Buess

17 MOTHER—Maiden Name first middle last: Minnie Marunda

18 INFORMANT—NAME and relationship to deceased: Dorothy L. Buess (Wife)

DISPOSITION

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]

NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601

CERTIFIER — 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]: [signature] M.D.

21b DATE SIGNED (Mo., Day, Yr.): 2/13/80

21c HOUR OF DEATH: 6:45 P. M

21d CERTIFIER — NAME AND TITLE (Type or print) / MAILING ADDRESS (Street, city or town, state, zip): William A. Bartlett, M.D., 2860 Daggett Street, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 14 1980

22b REGISTRAR [Signature]: Marian Ackerman

CAUSE OF DEATH

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

(a) Myocardial Dysrhythmia — Interval between onset and death: seconds

(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Disease, diffuse — Interval between onset and death: years

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

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

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: M

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

1980 MAY 15 PM 3 59

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 [signature], Deputy Registrar

Date FEB 14 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 15th day of May A.D., 19 80 at 3:59 o'clock P M., and duly recorded in Vol M80 of Deeds on Page 8991.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Shelock Deputy