

85317

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

Vol. 30 Page 10513

CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number
1 Loren		F.	Meeker	DATE OF DEATH (month, day, year)	2 April 21, 1980
RACE White, Black, American Indian, etc. (specify) White		SEX 4 Male	AGE—Last birthday (years) 5a 69	Under 1 year 5b mos days	Under 1 day 5c hours min.
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 Merle West Medical Center	
STATE OF BIRTH (If not in U.S.A., name country) 8 Illinois		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Widowed	
SOCIAL SECURITY NUMBER 13 543-10-3506		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Rancher		SPOUSE (IF MARRIED, WIDOWED) 11 Elma F. Meeker	
RESIDENCE—STATE 15a Oregon		COUNTY 15b Lake	CITY, TOWN, OR LOCATION 15c Adel	KIND OF BUSINESS OR INDUSTRY 14b Cattle	
FATHER—NAME first middle last 16 Fred Meeker		MOTHER—Maiden Name first middle last 17 Myrl Chapman		INFORMANT—NAME and relationship to deceased 18 David Meeker, Son	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Eternal Hills Memorial Gardens		LOCATION city or town state 19c Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a [Signature]		NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Ore. 97601		DATE SIGNED (Mo., Day, Yr.) 21b [Signature]	
CERTIFIER—NAME AND TITLE (Type or print) 21d Kenneth L. Tuttle M.D.		MAILING ADDRESS (Street, city or town, state, zip) 21c 8:15 P. M		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a APR 25 1980		REGISTRAR 22b [Signature]		IMMEDIATE CAUSE 23 [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
(a) Ruptured abdominal aortic aneurysm		(b) Arteriosclerotic vascular disease		(c)	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 No		WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No) No	
ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo, Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO. CITY OR TOWN STATE		

RESERVED FOR REGISTRAR'S USE

Wm Darling
P.O. Box 57
K-Falls, Or

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 [Signature] Deputy Registrar

Date April 28, 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 9th day of June A.D., 1980 at 2:03 o'clock P.M., and duly recorded in Vol. M80 of Deeds on Page 10513.

FEE \$3.50

WM. D. MILNE, County Clerk

By [Signature] Deputy