

DECEASED—NAME—FIRST MIDDLE LAST <b>CLEEFORD ABELSON HONEYCUTT</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>June 15, 1980</b>	
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) <b>White</b>	SEX <b>Male</b>	AGE—LAST BIRTHDAY (YEARS) <b>54</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>December 31, 1925</b>
COUNTY OF DEATH <b>Klamath</b>	CITY, TOWN, OR LOCATION OF DEATH <b>Klamath Falls</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) <b>West Medical Center</b>	IF HOSP. OR INST. INDICATE OOA, (SPECIFY) RM., INPATIENT (SPECIFY) <b>DOA</b>
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>California</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	SPOUSE (IF MARRIED, WIDOWED) <b>Patricia L.</b>
SOCIAL SECURITY NUMBER <b>543-34-0555</b>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Owner</b>	KIND OF BUSINESS OR INDUSTRY <b>Inge's Cheese Haus</b>	
RESIDENCE—STATE <b>Oregon</b>	COUNTY <b>Klamath</b>	CITY, TOWN, OR LOCATION <b>Klamath Falls</b>	STREET AND NUMBER OR R.F.D. <b>Rt. 2 Box 803</b>
FATHER—NAME FIRST MIDDLE LAST <b>Knowlton Honeycutt</b>	MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Lorena Cozard</b>	INFORMANT—NAME AND RELATIONSHIP TO DECEASED <b>Patricia L. Honeycutt (Wife)</b>	
BURIAL CREMATION, REMOVAL, MAUS, (SPECIFY) <b>Burial</b>	CEMETERY OR CREMATORY—NAME <b>Mt. Calvary Cemetery</b>	LOCATION CITY OR TOWN STATE <b>Klamath Falls, Oregon 97601</b>	
FURNERAL SERVICE LICENSE NO. (GIVEN ACTING AS NAME AND ADDRESS OF FACILITY) <b>Edward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601</b>			
CERTIFICATION—MEDICAL EXAMINER I HEREBY CERTIFY THAT I HAVE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
DEATH OCCURRED (MONTH, DAY, YEAR) <b>3:05 A. M. June 15, 1980</b>	THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) <b>3:05 A. M. June 15, 1980</b>	FROM: NATURAL CAUSE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>	
CERTIFIER—SIGNATURE <i>[Signature]</i>	NAME—(TYPE OR PRINT) <b>George R. Nicholson, M.D.</b>	DEGREE OR TITLE	
MEDICAL EXAMINER FOR <b>Klamath</b>	COUNTY <b>Klamath</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>June 24, 1980</b>	
DATE RECEIVED BY REGISTRAR (MO. DAY, YR.) <b>June 25, 1980</b>	REGISTRAR <i>[Signature]</i>		
PART I—IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))			
(A) DUE TO, OR AS A CONSEQUENCE OF <b>Massive hemorrhage &amp; shock</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>	
(B) DUE TO, OR AS A CONSEQUENCE OF <b>Crushed pelvis &amp; torn iliac arteries</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11</b>	
(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)			
AUTOPSY (SPECIFY YES OR NO) <b>Yes</b>			
DATE OF INJURY (MONTH, DAY, YEAR) <b>6/15/80</b>	HOUR <b>?</b>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23) <b>Driver of pickup which crashed</b>	
INJ. AT WORK (SPECIFY YES OR NO) <b>No</b>	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>North Poe Valley Road</b>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE) <b>11 Mi. E. of Klamath Falls, Klamath, Oregon 97601</b>	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-79

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 RegistrarDate **JUL 2 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 7th day of July A.D., 1980 at 10:10 o'clock A M., and duly recorded in Vol M80 of Deeds on Page 12389.

FEE \$3.50

WM. D. MILNE, County Clerk

By *[Signature]* Deputy