90223

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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Vol. M 80 Page 18370

Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First: Almon | Middle: J. | Last: King

2 DATE OF DEATH (month, day, year): August 8, 1980

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

4 SEX: Male

5a AGE—Last birthday (years): 85

5b Under 1 year: months / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): December 24, 1894

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

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

7d COUNTY OF DEATH: Klamath

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

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

11 SPOUSE (IF MARRIED, WIDOWED): Ruth King

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

13 SOCIAL SECURITY NUMBER: 540-36-3248

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

14b KIND OF BUSINESS OR INDUSTRY: Farming

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 6041 Climax Ave. 97601

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

16 FATHER—NAME first middle last: Charles D. King

17 MOTHER—Maiden Name first middle last: Susan Flora Gooding

18 INFORMANT—NAME and relationship to deceased: Marjorie Redkey, Daughter X

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike O'Hair

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

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]: F. J. Marx

21b DATE SIGNED [Mo., Day, Yr.]: 8/8/80

21c HOUR OF DEATH: 8:00 A.M. M

NAME AND ADDRESS OF CERTIFIER [Type or Print]: Geoffrey F. Marx M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: AUG 11 1980

22b REGISTRAR [Signature]: Claudia Francis

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I (a) Congestive Heart Failure — Interval between onset and death: 1 mo

DUE TO, OR AS A CONSEQUENCE OF:

(b) Arteriosclerotic Heart Disease — Interval between onset and death: 10 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(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)

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY [Specify Yes or No]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
		M		No	No

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

2620 Homedale
K. Falls, Or

HS-2 Rev-1-80

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 Claudia Francis, Deputy Registrar

Date AUG 13 1980

VOID IF ALTERED

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

STATE OF OREGON; COUNTY OF KLAMATH; ss.