

34746

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

Vol 78/ Page 701

701

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME First Middle Last Lynn Boyd Yaden			DATE OF DEATH (month, day, year) December 6, 1980		
RACE (White, Black, American Indian, etc. (specify)) White		SEX Male	AGE—Last birthday (years) 74	Under 1 year mo. days 50	Under 1 day hours min. 50
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Med. Center		IF HOSP. OR INST. Indicate DOA, Emer., Rm., Inpatient (Specify) Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) Oregon		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
SOCIAL SECURITY NUMBER 226-38-8679		USUAL OCCUPATION (give kind of work done during most of working life; even if retired) Engineer		KIND OF BUSINESS OR INDUSTRY U.S. Army Corps of Engineers	
RESIDENCE—STATE Oregon		COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 701 Pacific Terrace	
FATHER—NAME first middle last Lynn Boyd Yaden		MOTHER—Maiden Name first middle last Eleanor Boyd		INFORMANT—NAME and relationship to deceased Myrtle A. Yaden, Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY—NAME Linkville Cemetery		LOCATION city or town state Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine		Ore. 97601	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) December 8, 1980		HOUR OF DEATH 10:15 A. M.	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake Berven M.D., Medical Dentl. Bld., Klamath Falls, Ore. 97601		21b		21c	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 8 1980		REGISTRAR <i>[Signature]</i>			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death			
(a) Pneumonia		1wk			
(b) Mediastine cdon carcinoma to lung		2yrs			
(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) Yes		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a	26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN, STATE
26a		26b	26c	26d	26e

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 *[Signature]*, Deputy RegistrarDate **DEC 9 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
14th day of **January** A.D., 19**81** at **3:00** o'clock **p** M., and duly recorded in

Vol **M81** of **Deeds** on page **701**Fee \$ **3.50**

EVELYN BIEHN

COUNTY CLERK

by *[Signature]* Deputy