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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M81 Page 3240

4800 — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
HOMER	R	BURKHOLDER	MAY 23, 1980	1242

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
MALE	WHITE	AMERICAN	DECEMBER 28, 1921	58 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. MAIDEN NAME AND BIRTHPLACE OF MOTHER
PENNSYLVANIA	CHRISTIAN BURKHOLDER PENNSYLVANIA	SADIE MILLER PENNSYLVANIA

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	176-32-4705	MARRIED	LOLA G. SIPHERD

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
RETIRED MSGT (E-7)	23	UNITED STATES AIR FORCE	DEFENSE

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
4650 CROSBY AVENUE		KLAMATH FALLS

19D. COUNTY	19E. STATE
KLAMATH	OREGON

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
DAVID GRANT USAF MEDICAL CENTER	SOLANO
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
TRAVIS AIR FORCE BASE	FAIRFIELD

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
LOLA BURKHOLDER/WIFE
4650 CROSBY AVENUE
KLAMATH FALLS, OREGON 97601

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

IMMEDIATE CAUSE
(A) STATUS POST ABDOMINAL AORTIC ANEURYSMORRHAPY AND
DUE TO, OR AS A CONSEQUENCE OF
(B) AORTIC BI-FEMORAL BY-PASS GRAFTING.
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5/22/80

24. WAS DEATH REPORTED TO CORONER? YES
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? YES

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
SEVERE CORONARY SCLEROSIS. CARDIOMEGALY.

27. WAS OPERATION PERFORMED FOR ANY CONDITIONS IN ITEMS 22 OR 23? ABDOMINAL ANEURYSMORRHAPY. BILATERAL LOWER EXTREMITY FOGARY EMBOLECTOMIES

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: EXPLORATORY LAPAROTOMY 5/23/80

28C. DATE SIGNED: 5/23/80

28D. LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)
INVESTIGATION

35B. CORONER—SIGNATURE AND DEGREE OR TITLE
JAMES E. O'BRIEN Coroner
BY: Deputy Coroner

35C. DATE SIGNED: MAY 24 1980

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	MAY27, 1980	Lakewood Memorial Park, Hughson, CA	Not Embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)
SALAS BROTHERS FUNERAL CHAPEL

41. LOCAL REGISTRAR—SIGNATURE
Edward F. Salas, M.P.

42. DATE ACCEPTED BY LOCAL REGISTRAR
MAY 27 1980

A. B. C. D. E. F.

THIS IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN THE SOLANO COUNTY DEPARTMENT OF PUBLIC HEALTH, VALLEJO, CALIFORNIA.
Edward F. Salas
HEALTH OFFICER AND LOCAL REGISTRAR
DATE: JUL 29 1980

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 24th day of February A.D., 1981 at 11:43 o'clock AM., and duly recorded in Vol M81 of Deeds on page 3240.
Fee $3.50

EVELYN BIEHN
COUNTY CLERK
By Dorothea Holcomb Deputy