

96468

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

Vol. 81 Page 3494

CERTIFICATE OF DEATH

ORS - 146

State File Number

Local File Number

DECEASED—NAME FIRST MIDDLE LAST Howard Earl Babcock		DATE OF DEATH (MONTH, DAY, YEAR) February 18, 1981	
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White	SEX Male	AGE—LAST BIRTHDAY (YEARS) 60	DATE OF BIRTH (MONTH, DAY, YEAR) May 9, 1920
CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.) Hwy. 97, 16 mi. So. K.F.	COUNTY OF DEATH Klamath	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Wisconsin	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes
SOCIAL SECURITY NUMBER 389-12-1692	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Truck Driver	KIND OF BUSINESS OR INDUSTRY Potato Farming	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D. Rt. 1, Box 629 B
FATHER—NAME FIRST MIDDLE LAST William Babcock	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Melva Davis	INFORMANT—NAME AND RELATIONSHIP TO DECEASED Luella F. Babcock, Wife	
BURIAL, CREMATION, REMOVAL, MAUS, (SPECIFY) Burial	CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	LOCATION—CITY OR TOWN Klamath Falls, Oregon	
FURNERAL SERVICE—PERSON ACTING AS NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore		97601	
CERTIFICATION—MEDICAL EXAMINER			
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:			
DEATH OCCURRED THE DECEDENT WAS PRONOUNCED DEAD FROM:		NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐	
DATE (MONTH, DAY, YEAR) TIME Feb. 18, 1981 5:00 P.M.		HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
CERTIFIER—SIGNATURE <i>Michael Cummings</i>		NAME—(TYPE OR PRINT) Michael Cummings	
MEDICAL EXAMINER Klamath		DATE SIGNED (MONTH, DAY, YEAR) 2/19/81	
DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) FEB 19 1981		REGISTRAR <i>Claudia Francis</i>	
IMMEDIATE CAUSE Hypoxia		INTERVAL BETWEEN ONSET AND DEATH seconds	
Verticilar fibrillation		INTERVAL BETWEEN ONSET AND DEATH seconds	
Occlusive Coronary A. Disease		INTERVAL BETWEEN ONSET AND DEATH years	
OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		AUTOPSY (SPECIFY YES OR NO) Yes	
DATE OF INJURY (MONTH, DAY, YEAR) Feb. 18, 1981		HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23] Sustained accident after coronary occlusion truck	
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) Hwy. 97		LOCATION Hwy. 97, 16 Mi. So. Klamath Falls, Klamath, Ore.	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL - VITAL STATISTICS COPY

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By *Claudia Francis*, Deputy Registrar
Date **FEB 19 1981**

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

2nd day of March A.D., 1981 at 9:23 o'clock A.M., and duly recorded in

Vol M81 of Deeds on page 3494

Fee \$ 3.50

EVELYN BIEHN
COUNTY CLERK
By *Bernetha H. Stock* Deputy