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

Vol. M81

80-020413
Page 10028

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME First Middle Last Horace Earl Hamaker			DATE OF DEATH (month, day, year) December 30, 1980		
1 RACE White, Black, American Indian, etc. (specify) White			2 SEX Male		3 AGE—Last birthday (years) 92
4 CITY, TOWN OR LOCATION OF DEATH Klamath Falls			5 HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Merle West Med. Cent.		6 DATE OF BIRTH (month, day, year) August 21, 1888
7a STATE OF BIRTH (if not in U.S.A., name country) Oregon			7b CITIZEN OF WHAT COUNTRY U.S.A.		7c COUNTY OF DEATH Klamath
8 SOCIAL SECURITY NUMBER 540-36-2962			9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		10 SPOUSE (IF MARRIED, WIDOWED) Dorothy Hamaker
11 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Loan Officer			12 KIND OF BUSINESS OR INDUSTRY Federal Land Bank		
13 RESIDENCE—STATE Oregon			14a COUNTY Klamath		14b CITY, TOWN, OR LOCATION Klamath Falls
15a FATHER—NAME first middle last J.O. Hamaker			15b MOTHER—Maiden Name first middle last Anna M. Horton		15c STREET AND NUMBER OR R.F.D., ZIP 615 Lincoln St. 97601
16 BURIAL, CREMATION, REMOVAL, MAUS (specify) Crementation			17 CEMETERY OR CREMATORY—NAME Eternal Hills Crematory		18 LOCATION City or town state Klamath Falls, Oregon
19 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>Mike O'Hair</i>			20 NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <i>Jon S. Wayland</i>			21b DATE SIGNED (Mo., Day, Yr.) DEC 31 1980		21c HOUR OF DEATH 8:15 A. M
21d NAME AND ADDRESS OF CERTIFIER (Type or Print) Jon S. Wayland M.D. Medical Dentl. Bld., Klamath Falls, Ore. 97601			21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 31 1980			22b REGISTRAR (Signature) <i>Claudia Francis</i>		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)					Interval between onset and death Min.
PART II Cancer bladder OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes
24 ACCIDENT (Specify Yes or No)	25 DATE OF INJURY (Mo., Day, Yr.)	26 HOUR OF INJURY	27 DESCRIBE HOW INJURY OCCURRED		
28a INJURY AT WORK (Specify Yes or No)	28b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28c LOCATION	28d STREET OR R.F.D. NO.	28e CITY OR TOWN	28f STATE

STATE OF OREGON, COUNTY OF MULTNOMAH ss

DATE ISSUED MAY 11 1981

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

4th day of May A.D., 1981 at 1:50 o'clock P.M., and duly recorded in

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EVELYN BIEHN
COUNTY CLERK

Fee \$ 3.50

By *Walter D. Jones* deputy