

Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
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FOR
INSTRUCTIONS
SEE
HDBOOK

IDENTITY
DEATH
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HANDBOOK
GARDING
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POSITION

CERTIFIER

CONDITIONS
IF ANY
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| Local File Number 342 | | State File Number | |
| DECEASED—NAME First Middle Last John DeVere Helfrich | | DATE OF DEATH (month, day, year) September 1, 1981 | |
| RACE White, Black, American Indian, etc. (specify) White | | DATE OF BIRTH (month, day, year) April 16, 1902 | |
| SEX Male | | CITY, TOWN OR LOCATION OF DEATH Klamath Falls | |
| AGE—Last birthday (years) 79 | | HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center | |
| CITY, TOWN OR LOCATION OF DEATH Klamath Falls | | IF HOSP. OR INST. Indicate DOA OP Emer. Rm. Inpatient (Specify) Inpatient | |
| STATE OF BIRTH (If not in U.S.A. name country) Oregon | | COUNTRY OF DEATH Klamath | |
| CITIZEN OF WHAT COUNTRY U.S.A. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married | |
| SOCIAL SECURITY NUMBER 540-28-7134 | | SPOUSE (IF MARRIED, WIDOWED) Helen Helfrich | |
| USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Rodeo Photographer | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO | |
| RESIDENCE—STATE Oregon | | KIND OF BUSINESS OR INDUSTRY Photography | |
| COUNTY Klamath | | STREET AND NUMBER OR R.F.D., ZIP P.O. Box 1552 | |
| CITY, TOWN, OR LOCATION Klamath Falls | | Inside City Limits (specify Yes or No) YES | |
| FATHER—NAME first middle last John Helfrich | | INFORMANT—NAME and relationship to deceased Helen Helfrich, Wife (on Back) | |
| MOTHER—Maiden Name first middle last Minnie McCain | | LOCATION city or town state Klamath Falls, Oregon | |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial | | CEMETERY OR CREMATORY—NAME Klamath Memorial Park | |
| FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) <i>[Signature]</i> | | NAME AND ADDRESS OF FACILITY Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls. | |
| 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.) 9/1/81 | |
| NAME AND ADDRESS OF CERTIFIER (Type or Print) William A. Bartlett M.D., 2860 Daggett St., Klamath Falls, Oregon 97601 | | HOUR OF DEATH 1:55 A. | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | |
| DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) SEP 2 1981 | | REGISTRAR <i>[Signature]</i> | |
| IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Metastatic adenocarcinoma of prostate | | Interval between onset and death 4 years | |
| PART I (a) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Hypertension, Diabetes, thrombocytopenia | | AUTOPSY (Specify Yes or No) No | |
| ACCIDENT (Specify Yes or No) | | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No | |
| DATE OF INJURY (Mo. Day, Yr.) | | HOUR OF INJURY | |
| HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| INJURY AT WORK (Specify Yes or No) | | LOCATION | |
| PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | STREET OR R.F.D. NO. | |
| | | CITY OR TOWN | |
| | | STATE | |
| RESERVED FOR REGISTRAR'S USE | | | |

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar
Date SEP 8 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

9th day of September A.D., 1981 at 1:11 o'clock P.M., and duly recorded in

Vol M81 of Deeds on page 15992.

Fee \$ 4.00

EVELYN BIEHN
COUNTY CLERK

By [Signature] deputy