

TYPE OR PRINT IN PERMANENT BLACK INK FOR TRUCTIONS SEE UNDBOOK

RECEIVED IF DEATH OCCURRED IN INSTITUTION, HANDBOOK REGARDING SELECTION OF DECEASED ITEMS

POSITION

1. 2. 3. JUDICIAL

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH OR THE UNDERLYING CAUSE LAST

USE OF DEATH

316 Local File Number

State File Number

DECEASED—NAME First Middle Last
1 ALFRED CHARLES BACKES

DATE OF DEATH (month, day, year)
2 August 3, 1981

RACE White, Black, American Indian, etc. (specify)
3 White

SEX
4 Male

AGE—Last birthday (years)
5a 82

Under 1 year
5b 5c 5d

DATE OF BIRTH (month, day, year)
6 February 24, 1899

CITY, TOWN OR LOCATION OF DEATH
7a Klamath Falls

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
7b West Medical Center

IF HOSP. OR INST. Indicate DOA, OP, Emerg. Rm., Inpatient (Specify)
7c Inpatient

COUNTY OF DEATH
7d Klamath

STATE OF BIRTH (If not in U.S.A., name country)
8 Oklahoma

CITIZEN OF WHAT COUNTRY
9 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)
10 Married

SPOUSE (IF MARRIED, WIDOWED)
11 Suzanne

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
12 No

SOCIAL SECURITY NUMBER
13 541 - 09 - 8514

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
14a Accountant - Retired

KIND OF BUSINESS OR INDUSTRY
14b Accounting

RESIDENCE—STATE
15a Oregon

COUNTY
15b Klamath

CITY, TOWN, OR LOCATION
15c Klamath Falls

STREET AND NUMBER OR R.F.D., ZIP
15d 428 Pacific Terrace 97601

Inside City Limits (specify yes or no)
15e Yes

FATHER—NAME first middle last
16 John Backes

MOTHER—Maiden Name first middle last
17 Ida Falck

INFORMANT—NAME and relationship to deceased
18 Suzanne Backes - Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify)
19a Burial

CEMETERY OR CREMATORY—NAME
19b Klamath Memorial Park

LOCATION city or town state
19c Klamath Falls, Oregon

FUNERAL SERVICE LICENSEE On Person Acting As Such (Signature)
20a [Signature]

NAME AND ADDRESS OF FACILITY
20b WARD'S - 1945 Main - Klamath Falls, Oregon 97601

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated
21a [Signature] [Signature]

DATE SIGNED (Mo., Day, Yr.)
21b 8-5-81

HOUR OF DEATH
21c 11:50 P.M.

NAME AND ADDRESS OF CERTIFIER (Type or Print)
21d Everett E. Howard, MD - 2622 Campus Dr - Klamath Falls, Oregon 97601

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
22a AUG 10 1981

REGISTRAR
22b [Signature]

PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
23 MYOCARDIAL INFARCTION

(a) DUE TO, OR AS A CONSEQUENCE OF:
Interval between onset and death
23a

(b) DUE TO, OR AS A CONSEQUENCE OF:
Interval between onset and death
23b

(c) DUE TO, OR AS A CONSEQUENCE OF:
Interval between onset and death
23c

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
24 POST-HEART ANEURYSM, DIABETES MELLITUS

AUTOPSY (Specify Yes or No)
24 No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
25 No

ACCIDENT (Specify Yes or No)
26a No

DATE OF INJURY (Mo., Day, Yr.)
26b

HOUR OF INJURY
26c

DESCRIBE HOW INJURY OCCURRED
26d

INJURY AT WORK (Specify Yes or No)
26e

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
26f

LOCATION
26g

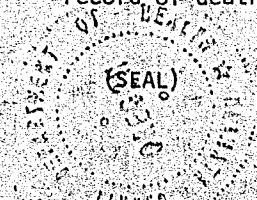
STREET OR R.F.D. NO. CITY OR TOWN STATE

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 [Signature], Deputy Registrar
Date AUG 10 1981

VOID IF ALTERED

Ret to William L. Siskin 540 Main St

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 September A.D., 1981 at 11:20 o'clock A.M., and duly recorded in

Vol M81 of Deeds on page 16266.

Fee \$4.00

EVELYN BIEHN
COUNTY CLERK
By [Signature] Deputy