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Vital Records Unit

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Local File Number		State File Number	
1 DECEASED—NAME First Middle Last RICHARD M. BAUMGARDNER		2 DATE OF DEATH (month, day, year) October 11, 1981	
3 RACE White, Black, American Indian, etc. (specify) White	4 SEX Male	5a AGE—Last birthday (years) 49	5b Under 1 year 5c Under 1 day
6 CITY, TOWN OR LOCATION OF DEATH East of Klamath Falls		7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Bly Mountain	
7b STATE OF BIRTH (If not in U.S.A., name country) Kansas		7c COUNTY OF DEATH Klamath	
8 CITIZEN OF WHAT COUNTRY U.S.A.		9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
10 SOCIAL SECURITY NUMBER 541-32-6299		11 SPOUSE (IF MARRIED, WIDOWED) Barbara J. Baumgardner	
12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Excavating		13 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
14a RESIDENCE—STATE Oregon		14b KIND OF BUSINESS OR INDUSTRY Contractor	
15a COUNTY Klamath		15b CITY, TOWN, OR LOCATION Klamath Falls	
15c STREET AND NUMBER OR R.F.D., ZIP 3117 Western Avenue		15d Inside City Limits (specify yes or no) No	
16 FATHER—NAME first middle last William Arthur Baumgardner		17 MOTHER—Maiden Name first middle last Marie - Mark	
18 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		19 CEMETERY OR CREMATORY—NAME Eternal Hills Crematory	
20 FUNERAL SERVICE LICENSEE OR Person Acting As Such (Specify) William J. Davenport		21 NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601	
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 22b (Signature) <i>Blake D. Berven</i>		22c DATE SIGNED (Mo., Day, Yr.) October 13, 1981	
23 NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601		24 HOUR OF DEATH 3:40 P M	
25 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
26 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) OCT 13 1981		27 REGISTRAR <i>Claudia Francis</i>	
28 IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i>		Interval between onset and death <i>3 min</i>	
(b) <i>Multivessel coronary artery disease</i>		Interval between onset and death <i>1 hr</i>	
(c) <i>ASHD</i>		Interval between onset and death <i>1 yr</i>	
29 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
30 ACCIDENT (Specify Yes or No) No		31 DATE OF INJURY (Mo., Day, Yr.)	
32 HOUR OF INJURY		33 DESCRIBE HOW INJURY OCCURRED	
34 INJURY AT WORK (Specify Yes or No)		35 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
36 LOCATION		37 STREET OR R.F.D. NO.	
38 CITY OR TOWN		39 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 OCT 14 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 19th day of October A.D., 1981 at 2:10 o'clock P M., and duly recorded in

Vol M81 of Deeds on page 18280.

Fee \$ 4.00

EVELYN BIEHN

COUNTY CLERK

By *Claudia Francis* Deputy