

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
STRUCTURES
SEE
HANDBOOK

IF DEATH
OCCURRED IN
INSTITUTION
SEE
HANDBOOK
REGARDING
COMPLETION OF
CERTIFICATE ITEMS

POSITION:

ATTENDING PHYSICIAN

CONDITIONS

IF ANY
CAUSE
GAVE
RISE TO
IMMEDIATE
CAUSE
FOLLOWING
THE
UNDERLYING
CAUSE LAST

USE OF
DEATH

410

Vital Records Unit

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
Roy				Buckingham	2 October 23, 1981	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (years)	Under 1 year mos. days	Under 1 day hours min.	DATE OF BIRTH (month, day, year)
White		Male	76			August 27, 1905
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)			COUNTY OF DEATH	
Klamath Falls		3915 Boardman St.			Klamath	
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
Illinois		U.S.A.		Married		Yes
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY	
574-05-2896		Custodian			Postal Service: Fed. Govt.	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
Oregon		Klamath	Klamath Falls		3915 Boardman St. 97601	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
Elias Buckingham		Mary Pefley		Ethel M. Buckingham, Wife		
BURIAL, CREMATION, REMOVAL, MAUS, (specify)		CEMETERY OR CREMATORY—NAME			LOCATION city or town state	
Burial		Eternal Hills Memorial Gardens			Klamath Falls, Oregon	
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
[Signature]		O'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		DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH		
[Signature]		10/23/81		3:30 A. M		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21d William A. Bartlett M.D., 2860 Daggett St., Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e				
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR				
OCT 23 1981		[Signature]				
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death				
(a) Natural Causes		years				
(b) Chronic Congestive Heart Failure		years				
(c) Coronary Heart Disease		years				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to causes given in PART I (a), (b), and (c)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
Diabetes		No		Yes		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO CITY OR TOWN STATE		
26e		26f	26g	26h		
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 26 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
28th day of October A.D., 1981 at 11:07 o'clock A M., and duly recorded in

Vol M81 of Deeds on page 18774

Fee \$ 4.00

EVELYN BIEHN
COUNTY CLERK
By [Signature] Deputy