f Oregon
ON STATE HEALTH DIVISION
t ne t of Human Resources

CERTIFICATE OF DEATH

Vol. M81 Page 21602

Vital Records Unit

75539 351
Local File Number

State File Number

DECEASED—NAME: 1 First: HOMER Middle: GAYNOR Last: KNIGHT

2 DATE OF DEATH (month, day, year): August 27, 1981

3 RACE (White, Black, American Indian, etc.) (Specify): White

4 SEX: Male

5a AGE—Last birthday (years): 64

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): June 21, 1917

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

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

7c IF HOSP. OR INST. Indicate DOA, ER/Emer. Rm., Inpatient, (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

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

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Lucille

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

13 SOCIAL SECURITY NUMBER: 523 - 10 - 2360

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

14b KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4335 Memorie Lane 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Homer Alan Knight

17 MOTHER—Maiden Name first middle last: Myrtle Beevers

18 INFORMANT—NAME and relationship to deceased: Lucille Knight - Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial

19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park

19c LOCATION city or town state: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE OR Person Acting As Such [Signature]: James K. Ward

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

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: Alden B. Glidden

21b DATE SIGNED [Mo., Day, Yr.]: 9 2 81

21c HOUR OF DEATH: 6:20 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Alden B. Glidden, MD / 2680 "B" Uhrmann Road / Klamath Falls, Oregon

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 1 0 1981

22b REGISTRAR [Signature]: Claudia Francis

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) Sepsis — Interval between onset and death: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute pyelonephritis — Interval between onset and death: 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(c) Ruptured appendix — Interval between onset and death: 4 days

PART II OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to cause given in PART I(a).: Chronic alcoholism Cirrhosis Massive ascites

24 AUTOPSY (Specify Yes or No): Yes

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

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No):

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

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE:

RESERVED FOR REGISTRAR'S USE

VS-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

(SEAL)

By Claudia Francis, Deputy Registrar
Date SEP 1 0 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 18 day of December A.D., 1981 at 2:18 o'clock P M., and duly recorded in Vol M 81 of Deeds on page 21602.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By Joyce M. Ehrke deputy