of Oregon
ON STATE HEALTH DIVISION
tment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M81 Page 21606

7543 — 468
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED—NAME: First: HAROLD; Middle: EDGAR; Last: KAUFMAN

1 RACE White, Black, American Indian, etc. (Specify): White
2 SEX: Male
3a AGE—Last Birthday (years): 75
3b Under 1 year: mos / days
3c Under 1 day: hours / min
2 DATE OF DEATH (month, day, year): December 6, 1981
3 DATE OF BIRTH (month, day, year): March 28, 1906
4a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
4b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center
4c If HOSP OR INST indicate DOA, OP (Emer. Rm., Inpatient) [Specify]: Inpatient
4d COUNTY OF DEATH: Klamath
5 STATE OF BIRTH (If not in U.S.A. name country): Michigan
6 CITIZEN OF WHAT COUNTRY: U.S.A.
7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
8 SPOUSE (IF MARRIED, WIDOWED): Dorothy
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
10 SOCIAL SECURITY NUMBER: 369 - 30 - 1853
11 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master Mechanic/Retired
12 KIND OF BUSINESS OR INDUSTRY: Automotive
13a RESIDENCE—STATE: Oregon
13b COUNTY: Klamath
13c CITY, TOWN, OR LOCATION: Klamath Falls
13d STREET AND NUMBER OR R.F.D., ZIP: Harriman Rt/ Box 560 97601
13e Inside City Limits (specify yes or no): No
14 FATHER—NAME first middle last: Edgar Kaufman
15 MOTHER—Maiden Name first middle last: Anna Marie Sokal
16 INFORMANT—NAME and relationship to deceased: Dorothy Kaufman - Wife
17a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Burial
17b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
17c LOCATION city or town, state: Klamath Falls, Oregon
18a FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature): [signature]
18b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

To the Completion of Certificate Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
19a [Signature]: Everett E. Howard
19b DATE SIGNED (Mo., Day, Yr.): 12-7-81
19c HOUR OF DEATH: 11:45 PM
20a NAME AND ADDRESS OF CERTIFIER (Type or Print): Everett E. Howard, MD / 2622 Campus Drive / Klamath Falls, Or. / 97601
20b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
21a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 11 1981
21b REGISTRAR [Signature]: [signature]

PART I — CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

22 IMMEDIATE CAUSE (a): CONGESTIVE HEART FAILURE — Interval between onset and death: 4 DAYS
DUE TO, OR AS A CONSEQUENCE OF (b): ARTERIOSCLEROSIS — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF (c): — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS. Conditions contributing to death but not related to Cause given in PART I (a).
OLD STROKE

23 ACCIDENT (Specify Yes or No): No
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
26a INJURY AT WORK (Specify Yes or No):
26b DATE OF INJURY (Mo., Day, Yr.):
26c HOUR OF INJURY:
26d DESCRIBE HOW INJURY OCCURRED:
26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
26f LOCATION — 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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar
Date DEC 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 18 day of December A.D., 1981 at 3:23 o'clock P M., and duly recorded in Vol M 81 of Deeds on page 21606.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK
By [signature] deputy