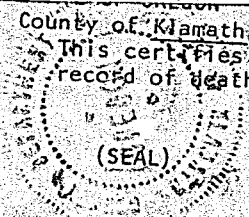


8411/0

CERTIFICATE OF DEATH

DECEASED—NAME First Middle Last Homer Thaddaeus Amoureux		State File Number	
1 RACE White, Black, American Indian, etc. (Specify) White		2 DATE OF DEATH (month, day, year) March 15, 1981	
3 SEX Male		4 AGE—Last birthday (years) 78	
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 DATE OF BIRTH (month, day, year) December 25, 1902	
7a HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 5207 Mazama Dr.		7b IF HOSP. OR INST. Indicate DOA, Emerg., Pm., Inpatient (Specify) No	
8 STATE OF BIRTH (If not in U.S., name country) Oregon		9 CITIZEN OF WHAT COUNTRY U.S.A.	
10 SOCIAL SECURITY NUMBER 543-10-0881		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Sawyer		13 SPOUSE (IF MARRIED, WIDOWED) Berneva Amoureux	
14a RESIDENCE—STATE Oregon		14b KIND OF BUSINESS OR INDUSTRY Lumber	
15a COUNTY Klamath		15b CITY, TOWN, OR LOCATION Klamath Falls	
15c STREET AND NUMBER OR R.F.D., ZIP 5207 Mazama Dr. 97601		15d INSIDE CITY LIMITS (specify yes or no) No	
16 FATHER—NAME first middle last Alfred John Amoureux		17 MOTHER—Maiden Name first middle last Emma Cortez	
18a BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial		18b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
19a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Specify) Jon G. McKellar		19b NAME AND ADDRESS OF FACILITY O' Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601	
20a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAR 19 1981		20b REGISTRAR Marian Ackerman	
21a IMMEDIATE CAUSE Complete heart block		21b INTERVAL BETWEEN ONSET AND DEATH Min.	
22a DUE TO, OR AS A CONSEQUENCE OF Atherosclerotic Cardiovascular Disease		22b INTERVAL BETWEEN ONSET AND DEATH Years	
23a DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure		23b INTERVAL BETWEEN ONSET AND DEATH Years	
24a ACCIDENT (Specify Yes or No) No		24b DATE OF INJURY (Mo., Day, Yr.) No	
24c HOURS OF INJURY No		24d DESCRIBE HOW INJURY OCCURRED No	
25a PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		25b LOCATION No	
25c STREET OR R.F.D. NO. No		25d CITY OR TOWN No	
25e STATE No		25f WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) Yes	

GIACOMINI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
633 MAIN STREET
KLAMATH FALLS, OREGON 97601



MARIAN ACKERMAN, Registrar Vital Statistics
By Marian Ackerman Deputy Registrar
Date MAR 19 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 January A.D., 1982 at 4:12 o'clock P.M., and duly recorded in
Vol M 82 of Deeds on page 740.
Fee \$4.00
EVELYN BIEHN
COUNTY CLERK
By Joyce McEwen deputy