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STATE OF OREGON
OREGON STATE HEALTH DIVISION Vol. M82 Page 740
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

8411 0 — Local File Number — State File Number

TYPE OR PRINT IN PERMANENT INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. NAME — First: Homer — Middle: Thaddaeus — Last: Amoureux
2. DATE OF DEATH (month, day, year): March 15, 1981
3. RACE (White, Black, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 78
5b. If under 1 year: mos. / days
5c. If under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): December 25, 1902
7a. CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 5207 Mazama Dr.
7c. IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify):
7d. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. SPOUSE (IF MARRIED, WIDOWED): Berneva Amoureux
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 543-10-0881
14a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Sawyer
14b. KIND OF BUSINESS OR INDUSTRY: Lumber
15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER OR R.F.D., ZIP: 5207 Mazama Dr. 97601
15e. 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
18. INFORMANT—NAME and relationship to deceased: Pre-arranged personal papers

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens
19c. LOCATION city or town state: Klamath Falls, Oregon
20a. FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]:
20b. NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

CERTIFIER

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]:
21b. DATE SIGNED (Mo., Day, Yr.): 3/17/81
21c. HOUR OF DEATH: 8:00 A.M.
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print): Jon G. McKellar M.D., 2300 Clairmount, Klamath Falls, Ore. 97601
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 19 1981
22b. REGISTRAR [Signature]: Marian Ackerman

CAUSE OF DEATH

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

PART I
(a) Complete heart block — Interval between onset and death: Min.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Atherosclerotic Cardiovascular Disease — Interval between onset and death: Years
DUE TO, OR AS A CONSEQUENCE OF:
(c) Congestive Heart Failure — Interval between onset and death: Years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

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

26a. ACCIDENT (Specify Yes or 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

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

HS-2 Rev-1-80

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 Marian Ackerman Deputy Registrar
Date MAR 19 1981
VOID IF ALTERED

Return TO:

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., 19 82 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 McElwee deputy