

# CERTIFICATE OF DEATH

Vital Records Unit

Vol. M8 Page 8457

13277

235

Local File Number

DECEASED—NAME		First		Middle		Last		State File Number	
ROBERT		OLLEN		VAUGHN				DATE OF DEATH (month, day, year)	
1 RACE White, Black, American Indian, etc. (specify)		3 White		4 SEX Male		5a AGE—Last birthday (years) 54		5b Under 1 year mos. days	
6 CITY, TOWN OR LOCATION OF DEATH		7a Klamath Falls		7b West Medical Center		7c Inpatient		8 DATE OF BIRTH (month, day, year)	
9 STATE OF BIRTH (If not in U.S.A., name country)		10 U.S.A.		11 Married, never married, widowed, divorced (specify)		12 Married		13 DATE OF DEATH (month, day, year)	
14 SOCIAL SECURITY NUMBER		15 549-34-8961		16 USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		17 Plumber		18 COUNTY OF DEATH	
19 RESIDENCE—STATE		20 Oregon		21 COUNTY		22 Klamath		23 CITY, TOWN, OR LOCATION	
24 FATHER—NAME first middle last		25 Homer Jackson Vaughn		26 MOTHER—Maiden Name first middle last		27 Sarah Ella Brewer		28 STREET AND NUMBER OR R.F.D., ZIP	
29 Burial, cremation, removal, maus. (specify)		30 Cremation		31 CEMETERY OR CREMATORY—NAME		32 Eternal Hills Crematory		33 LOCATION city or town state	
34 FUNERAL SERVICE LICENSEE Or Person Acting As Such		35 William F. Davenport		36 NAME AND ADDRESS OF FACILITY		37 Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601		38 DATE SIGNED (Mo. Day, Yr.)	
39 To be completed by CERTIFYING PHYSICIAN Only		40 NAME AND ADDRESS OF CERTIFIER (Type or Print)		41 Gerald R. Hartmann, MD, 2604 Clover, Klamath Falls, Oregon 97601		42 DATE SIGNED (Mo. Day, Yr.)		43 HOUR OF DEATH	
44 DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		45 JUN 29 1982		46 REGISTRAR		47 [Signature] Marian Ackerman		48	
49 IMMEDIATE CAUSE		50 Brainstem stroke		51 DUE TO, OR AS A CONSEQUENCE OF:		52		53 Interval between onset and death	
54 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		55		56		57		58	
59 ACCIDENT (Specify Yes or No)		60 No		61 DATE OF INJURY (Mo. Day, Yr.)		62		63 HOUR OF INJURY	
64 INJURY AT WORK (Specify Yes or No)		65 No		66 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		67		68 LOCATION	
69 AUTOPSY (Specify Yes or No)		70 No		71 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		72 Yes		73	
74 RESERVED FOR REGISTRAR'S USE		75		76		77		78	

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 [Signature] Deputy Registrar

Date JUN 29 1982

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 6 day of July A.D., 1982 at 12:01 o'clock A M and duly recorded in Vol M 82, of Deeds on page 8457

FEE \$ 4.00

EVELYN BUEHN COUNTY CLERK  
by [Signature] Deputy