STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

ORS - 146

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30204

394

Local File Number

State File Number

1 DECEASED—NAME: FIRST EDWARD; MIDDLE JAMES; LAST LUKES

2 DATE OF DEATH (MONTH, DAY, YEAR): October 27, 1983

3 RACE: White

4 SEX: Male

5A AGE—LAST BIRTHDAY (YEARS): 63

5B UNDER 1 YEAR: MOS. / DAYS

5C UNDER 1 DAY: HOURS / MIN.

6 DATE OF BIRTH (MONTH, DAY, YEAR): January 18, 1920

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

7B HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET & NO.): 6320 Sage Way

7C IF HOSP. OR INST., INDICATE DOA, OPIEMER, INPATIENT, OR OUTPATIENT (SPECIFY)

7D COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Nebraska

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Helen

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes

13 SOCIAL SECURITY NUMBER: 506-16-2970

14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Farmer - Manager

14B KIND OF BUSINESS OR INDUSTRY: Agriculture - Grain Elev.

15A RESIDENCE—STATE: Oregon

15B COUNTY: Klamath

15C CITY, TOWN, OR LOCATION: Klamath Falls

15D STREET AND NUMBER OR R.F.D.: 6320 Sage Way

15E INSIDE CITY LIMITS (SPECIFY YES OR NO): No

16A FATHER—NAME FIRST MIDDLE LAST: Ladimer Lukes

17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Elsie Habrick

18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Helen Lukes - Spouse

19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Cremation

19B CEMETERY OR CREMATORY—NAME: Eternal Hills Crematory

19C LOCATION—CITY OR TOWN, STATE: Klamath Falls, Oregon

20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: Jim Lancaster

20B NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main St. - Klamath Falls, Oregon

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE ILLNESS OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): August 3:00 P. M.

21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): October 27, 1983 5:00P M.

FROM: NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21C NAME—(TYPE OR PRINT): George R. Nicholson, MD — DEGREE OR TITLE

21D CERTIFIER—SIGNATURE: [signature] — COUNTY

21E DATE SIGNED (MONTH, DAY, YEAR):

21F MEDICAL EXAMINER FOR: KLAMATH

22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.): NOV 1 1983

22B REGISTRAR (SIGNATURE): [signature]

PART I (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

23 IMMEDIATE CAUSE (A): Massive Cerebral Distruction — INTERVAL BETWEEN ONSET AND DEATH: Immed.

DUE TO, OR AS A CONSEQUENCE OF: Contact GSW below chin — INTERVAL BETWEEN ONSET AND DEATH:

(B) DUE TO, OR AS A CONSEQUENCE OF: — AUTOPSY (SPECIFY YES OR NO):

(C)

PART II OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) 24: No

25A DATE OF INJURY (MONTH, DAY, YEAR): Oct. 27, 1983

25B HOUR: 5:00 PM

25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23): Self-inflicted gunshot wound to Head

25D INJ. AT WORK (SPECIFY YES OR NO): No

25E PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.): At Home

25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE): 6320 Sage Way - Klamath Falls, Oregon

RESERVED FOR REGISTRAR'S USE

HS-107 REV. 1-80

Helen Lukes
6320 Sage Way
K. Falls, OR.

ORIGINAL—VITAL STATISTICS COPY

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 NOV 2 1983

VOID IF ALTERED

(SEAL)

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 4th day of November A.D., 19 83 at 9:42 o'clock A M, and duly recorded in Vol M83, of Deeds on page 19011.

EVELYN BIEHN, COUNTY CLERK

by [signature] deputy

FEE $ 4.00