

34374

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

Vol. M84 Page 4001

CERTIFICATE OF DEATH

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

PRECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

POSITION

1. _____
2. _____
3. _____

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last WILLIAM MESSICK HECKMAN		State File Number	
1 RACE White, Black, American Indian, etc. (specify) White		3 SEX Male	4 AGE—Last birthday (years) 84
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Mt. View Care Center	
7a STATE OF BIRTH (If not in U.S.A. name country) Indiana		7b CITIZEN OF WHAT COUNTRY U.S.A.	7c MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
8 SOCIAL SECURITY NUMBER 540 - 01 - 8219		9 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Self Employed - Ret.	
10 RESIDENCE—STATE Oregon		11 KIND OF BUSINESS OR INDUSTRY Farming	
12a COUNTY Klamath		12b CITY, TOWN, OR LOCATION Malin	
13 FATHER—NAME first middle last Dr. W. H. Heckman		14 MOTHER—NAME first middle last (Maiden Name) Sally Messick	
15a STREET AND NUMBER OR R.F.D., ZIP 2442 Rosicky		15b INSIDE CITY LIMITS (specify yes or no) Yes	
16 BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify) Crementation		17 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
18a FUNERAL SERVICE LICENSEE OF Person Acting As Such (Signature) James R. [Signature]		18b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main St. - Klamath Falls, Oregon	
19a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) FEB 11 1984		19b REGISTRAR (Signature) [Signature]	
20a PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiovascular arrest DUE TO, OR AS A CONSEQUENCE OF: (b) cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF: (c) _____		20b DATE SIGNED (Mo., Day, Yr.) Feb. 13, 1984	
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Richard F. Kay, MD / 1905 Main St. / Klamath Falls, Oregon / 97601		21b HOUR OF DEATH 8:15 P.M.	
22a ACCIDENT (Specify Yes or No) NO		22b DATE OF INJURY (Mo., Day, Yr.)	
23a INJURY AT WORK (Specify Yes or No) NO		23b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) _____	
24a AUTOPSY (Specify Yes or No) NO		24b WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) NO	
25a STREET OR R.F.D. NO		25b CITY OR TOWN	
26a STATE		26b _____	

ORIGINAL VITAL STATISTICS COPY

45-2 REV. 12

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 RegistrarDate **FEB 11 1984**

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 13th day of March A.D., 1984 at 9:35 o'clock A.M. and duly recorded in Vol M84, of Deeds on page 4001.

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 4.00by: [Signature] Deputy

Return: Parks & Ratliff

228 N. Seventh St., Klamath Falls, Oregon 97601

MAR 13 AM 9 35