

34965

MTC-1396-29

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

Vol. M84 Page 5027

98

CERTIFICATE OF DEATH

DECEASED—NAME		First		Middle		Last		State File Number	
JOSEPH		WILLIAM		BOESSENECKER, JR.				DATE OF DEATH (month, day, year)	
1. RACE White, Black, American Indian, etc. (specify)		3. SEX Male		4. AGE—Last birthday (years) 65		5. Under 1 year		6. DATE OF BIRTH (month, day, year)	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		7b. West Medical Center		7c. Inpatient		7d. Klamath	
7a. Klamath Falls		CITIZEN OF WHAT COUNTRY		8. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		10. Married	
8. SOCIAL SECURITY NUMBER		13. 566 - 16 - 9678		14a. Circulation Manager		11. Helen		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
15a. Oregon		15b. Klamath		15c. Klamath Falls		15d. 1051 Cedar Ridge Dr.		15e. Inside City Limits (Specify Yes or No)	
FATHER—NAME		first middle last		MOTHER—first middle last		(Maiden Name)		18. Helen Boessenecker - Wife	
16. J.W. Boessenecker, Sr		17. Mary Stephens		19a. Burial		19b. Klamath Memorial Park		19c. Klamath Falls, Oregon	
20a. James K. Magee		20b. WARD'S - 1945 Main - Klamath Falls, Oregon - 9760		21a. Signature of Kenneth K. Magee		21b. 3-22-84		21c. 5:40 A.M.	
21d. Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon		21e. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22a. MAR 23 1984		22b. Signature of Marian Ackerman			
23. IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(a) Cardiac respiratory arrest		Interval between onset and death		minutes	
(b) Adult Respiratory Distress Syndrome		Interval between onset and death		3 days		(c) Severe infectious process of as yet unknown type		Interval between onset and death	
2 weeks		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Acute myocardopathy		AUTOPSY (Specify Yes or No)		24. Yes	
25. WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		25. Yes		26a. 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		26h. STREET OR R.F.D. NO	
26i. CITY OR TOWN		26j. STATE		26k. RESERVED FOR REGISTRAR'S USE					

ORIGINAL - VITAL STATISTICS COPY

Return:

Mrs Helen N. Boessenecker
1051 Cedar Ridge Drive
K. Falls, Oregon 97601

45-2 Rev 12-83

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 Marian Ackerman Deputy Registrar
Date MAR 23 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 30th day of March A.D., 1984 at 8:47 o'clock A.M. and duly recorded in Vol M84, of Deeds on page 5027.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith Deputy