

35393

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

Vol. M84 Page 588392  
Local File Number

## CERTIFICATE OF DEATH

DECEASED—NAME		First		Middle		Last		State File Number	
DAVID		FRANCIS		EAKER				DATE OF DEATH (month, day, year)	
1		2		3		4		5	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 59		5b mos		5c hours	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		7b 3927 Homedale Road		IF HOSP OR INST Indicate DOA OP Emer. Rm. Inpatient (Specify)		DATE OF BIRTH (month, day, year)	
7a Klamath Falls								6 January 20, 1925	
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		COUNTY OF DEATH	
8 Oregon		9 U.S.A.		10 Married		11 Wilma N. Powers		7a Klamath	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY		14b Columbia Plywood Corporation		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no)	
11 536-16-4417		14a Machine Operator		14b				12 Yes	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (Specify yes or no)	
15a Oregon		15b Klamath		15c Klamath Falls		15d 3927 Homedale Road		15e No	
FATHER NAME—first middle last		MOTHER—first middle last		(Maiden Name)		INFORMANT NAME and relationship to decedent			
16 Charles		17 Arzelia		Wilhelm		18 Wilma N. Eaker, wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or town State					
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		19c Klamath Falls, Oregon					
20a William F. Davenport		20b 6420 South Sixth Street, Davenport's Chapel of the Good Shepherd, Klamath Falls, Oregon 97603-7194							
21a (Signature) Glenn C. Miller, MD		DATE SIGNED (Mo. Day, Yr.)		21b 3/20/84		HOUR OF DEATH		21c 7:55 P.M.	
21d Glenn C. Miller, MD, 1905 Main Street, Klamath Falls, Oregon 97601		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
21e		DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR					
		22a MAR 20 1984		22b (Signature) Joshua E. Arnett					
23 IMMEDIATE CAUSE (a) Natural causes		(b) Acute lymphocytic leukemia							
PART I		PART II							
DUE TO, OR AS A CONSEQUENCE OF:		DUE TO, OR AS A CONSEQUENCE OF:							
(a)		(b)							
(c)		(d)							
PART II		OTHER SIGNIFICANT CONDITIONS							
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		AUTOPSY (Specify Yes or No)	
24 No		25b		25c		25d		25	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		CITY OR TOWN		STATE	
26a No		26b		26c		26d		26e	
RESERVED FOR REGISTRAR'S USE									

ORIGINAL - VITAL STATISTICS COPY

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 RegistrarDate MAR 28 1984

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 9th day of April A.D., 19 84 at 4:41 o'clock P M, and duly recorded in Vol. M84, of Deeds on page 5883.

Fee: \$ 4.00

EVELYN BLENK, COUNTY CLERK

by: Ann Smith Deputy

Return: Wilma N. Eaker 3927 Homedale Rd., Klamath Falls, Oregon 97603