

CERTIFICATE OF DEATH

Vol. 184 Page

8928

Vital Records Unit

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

477

Local File Number

DECEASED—NAME First Middle Last FLORADALE G. OWENS		State File Number
1 RACE White, Black, American Indian, etc (specify) White	2 SEX Female	3 AGE—Last birthday (years) 55
4 CITY, TOWN OR LOCATION OF DEATH Klamath Falls	5a Under 1 year 55	5b Under 1 year 55
6 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center	7a HOSP. OR INST. indicate DOA, OP, Emer, Rm., Inpatient (Specify) Emer. Rm.	7b COUNTY OF DEATH Klamath
8 STATE OF BIRTH (If not in U.S., name country) Oregon	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
11 SOCIAL SECURITY NUMBER 541-24-9367	12 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Supervisor: Cleaners	13 SPOUSE (IF MARRIED, WIDOWED) Buster W. Owens
14 RESIDENCE—STATE Oregon	15a COUNTY Klamath	15b CITY, TOWN, OR LOCATION Klamath Falls
16 FATHER—NAME first middle last Homer C. Depuy	17 MOTHER—Maiden Name first middle last Evangeline A. King	18 STREET AND NUMBER OR R.F.D., ZIP 3031 Butte St. 97603
19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Mausoleum	19b CEMETERY OR CREMATORY—NAME Greenwood Mausoleum	19c INFORMANT—NAME and relationship to deceased Buster W. Owens, Husband
20a FUNDRAISING LICENSEE Or Person Acting As Such (Signature) <i>[Signature]</i>	20b NAME AND ADDRESS OF FACILITY Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls,	20c DATE SIGNED (Mo., Day, Yr.) DEC 29 1983
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Dave Seeley, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601	21b DATE SIGNED (Mo., Day, Yr.) DEC 29 1983	21c HOUR OF DEATH 9:32 A. M
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 29 1983	22b REGISTRAR <i>[Signature]</i>	
23 IMMEDIATE CAUSE (a) Cardiac infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Sudden death DUE TO, OR AS A CONSEQUENCE OF: (c) Sudden death	Interval between onset and death 1 hr 2 hrs 2 hrs	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Sudden death		
24a ACCIDENT (Specify Yes or No) No	24b DATE OF INJURY (Mo., Day, Yr.) DEC 29 1983	24c HOUR OF INJURY 3:04
25a INJURY AT WORK (Specify Yes or No) No	25b PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify) At home	25c DESCRIBE HOW INJURY OCCURRED At home
26a LOCATION At home	26b STREET OR R.F.D. NO 3031 Butte St.	26c CITY OR TOWN Klamath Falls
26d STATE Oregon	26e RESERVED FOR REGISTRAR'S USE	

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

VOID IF ALTERED DEC 29 1983

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

After recording, return to: D. L. Hoots, 2361 S. 6th St. Klamath Falls, OR

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 29th day of May A.D., 1984 at 3:04 o'clock P.M., and duly recorded in Vol M84 of Deeds on page 8928.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: *[Signature]*, Deputy