

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

Vol. M84 Page 15930

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543
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last DEANE HENRY HAGEN			DATE OF DEATH (month, day, year) September 9, 1984		
1 RACE White, Black, American Indian, etc. (Specify) White			2 SEX Male		3 AGE—Last birthday (years) 56
4 CITY, TOWN OR LOCATION OF DEATH Klamath Falls			5 HOSPITAL OR OTHER INSTITUTION—NAME (If not in full, give street and number) Merle West Medical Center		6 IF HOSP OR INST indicate DOA (Office, Home, Inpatient) (Specify) Inpatient
7a STATE OF BIRTH (If not in U.S.A., name country) California			7b CITIZEN OF WHAT COUNTRY U.S.A.		7c MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8 SOCIAL SECURITY NUMBER 544 - 20 - 7424			9 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Driver		10 SPOUSE (IF MARRIED, WIDOWED) Mildred
11 RESIDENCE—STATE Oregon			12 COUNTY Klamath		13 CITY, TOWN, OR LOCATION Klamath Falls
14a STREET AND NUMBER OR R.F.D., ZIP 6002 Harlan Drive			14b INSIDE CITY LIMITS (Specify Yes or No) No		
15a FATHER—NAME first middle last Clarence Henry Hagen			15b MOTHER—first middle last (Maiden Name) Katheryn L. Wang		15c INFORMANT—NAME and relationship to deceased Michael Hagen - Son
16 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial			17 CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens		18 LOCATION City or town State Klamath Falls, Ore.
19a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>James K. Magee</i>			19b NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon - 97601		
20a To be Completed by CERTIFYING PHYSICIAN Only 20a (Signature) <i>Kenneth K. Magee</i>			20b DATE SIGNED (Mo., Day, Yr.) 9-10-84		20c HOUR OF DEATH 5:00 P M
21a NAME AND ADDRESS OF CERTIFIER (Type or Print) Kenneth K. Magee, MD / 905 Main, Suite 409 / Klamath Falls, Oregon			21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
21c DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 11 1984			21d REGISTRAR <i>Michael E. Cavendo</i>		
22a PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiac arrest - Electrical-mechanical dysfunction			Interval between onset and death minutes		
(b) Acute Anterior myocardial infarction			Interval between onset and death 2 1/2 days		
(c) Arteriosclerotic Heart disease			Interval between onset and death prob. years		
22b PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Severe Chronic Bronchitis			22c AUTOPSY (Specify Yes or No) No		22d WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No
23a ACCIDENT (Specify Yes or No) No			23b DATE OF INJURY (Mo., Day, Yr.)		23c HOUR OF INJURY M 26d
23d INJURY AT WORK (Specify Yes or No)			23e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		23f LOCATION STREET OR R.F.D. NO CITY OR TOWN STATE
23g			23h		

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 *Michael E. Cavendo*, Deputy Registrar
Date **SEP 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 14th day of September A.D., 1984 at 2:45 o'clock P M, and duly recorded in Vol M84 of Deeds on page 15930.

EVELYN BIEHN, COUNTY CLERK

by: *Barbara Smith*, DeputyFee: \$ 4.00 Index: \$ 1.00

Return: Mildred Hagen 6002 Harlan Dr., Klamath Falls, Oregon 97603