43844

STATE OF OREGON Vol. M84 Page 20383
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

Local File Number 447

CERTIFICATE OF DEATH

State File Number

DECEDENT

1 DECEASED - NAME: First DANIEL; Middle CHARLES; Last HOMFELT
2 DATE OF DEATH (month, day, year): December 01, 1984
3 RACE: White
4 SEX: Male
5a AGE (Last birthday): 65
6 DATE OF BIRTH (month, day, year): December 04, 1918
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION - NAME: Merle West Medical Center
7c If Hosp. or Inst., Inpatient or Outpatient: Inpatient
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH: Illinois
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11 SPOUSE IF MARRIED, WIDOWED, OR DIVORCED: Mary T.
12 WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes
13 SOCIAL SECURITY NUMBER: 322 / 09 / 5148
14a USUAL OCCUPATION: Major - Retired
14c KIND OF BUSINESS OR INDUSTRY: U.S. Air Force
15a RESIDENCE - STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN, OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D. ZIP: 3621 Alva Street 97603
15e Inside City Limits?: No
16 FATHER - NAME: John Homfelt
17 MOTHER - Maiden Name: Rose Szafran
18 INFORMANT - NAME and relationship to deceased: Mary T. Homfelt - Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM: Cremation
19b CEMETERY OR CREMATORY - NAME: Eternal Hills Memorial Gardens
19c LOCATION: Klamath Falls, Or
20a FUNERAL SERVICE LICENSEE (Signature) Person Acting As Such: James K. Land
20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97

CERTIFIER

To be Completed by Certifying Physician Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature): Blake Berven
21b DATE SIGNED (Mo., Day, Yr.): 12-03-84
21c HOUR OF DEATH: 7:15 PM
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601
22 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
23a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): DEC 3 1984
23b REGISTRAR (Signature): Marian E Ackerman

CAUSE OF DEATH

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

24 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Respiratory failure — Interval between onset and death: 24 hours
DUE TO OR AS A CONSEQUENCE OF
(b) Severe asthmatic bronchitis — Interval between onset and death: 10 years
DUE TO OR AS A CONSEQUENCE OF
(c)
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)
25 AUTOPSY (Specify Yes or No): No
26 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): No
27a ACCIDENT (Specify Yes or No): No
27b DATE OF INJURY (Mo., Day, Yr.)
27c HOUR OF INJURY
27d DESCRIBE HOW INJURY OCCURRED
27e INJURY AT WORK (Specify Yes or No)
27f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
27g LOCATION - STREET OR R.F.D. NO. - CITY OR TOWN - STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics
By Marian E Ackerman, Deputy Registrar
Date DEC 3 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 5th day of December A.D., 19 84 at 1:30 o'clock P M, and duly recorded in Vol M84 of Deeds on page 20383.

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Fee: $ 7.00

Ret: Mary Homfelt 3621 Alva St., Klamath Falls, Oregon 97603