

43844

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

Vol. 184 Page 20383

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
HOSPITAL OR
IN HANDS OF
HEALTH CARE
PERSONNEL, UP
TO 1000-1000

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

Local File Number 447 State File Number

DECEASED - NAME: DANIEL CHARLES HOMFELT DATE OF DEATH: December 01, 1984

RACE: White SEX: Male AGE: 65 DATE OF BIRTH: December 04, 1918

CITY, TOWN OR LOCATION OF DEATH: Klamath Falls HOSPITAL OR OTHER INSTITUTION - NAME: Merle West Medical Center COUNTY OF DEATH: Klamath

STATE OF BIRTH: Illinois CITIZEN OF WHAT COUNTRY: U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married SPOUSE: Mary T. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes

SOCIAL SECURITY NUMBER: 322 / 09 / 5148 USUAL OCCUPATION: Major - Retired KIND OF BUSINESS OR INDUSTRY: U.S. Air Force

RESIDENCE - STATE: Oregon COUNTY: Klamath CITY, TOWN OR LOCATION: Klamath Falls STREET AND NUMBER OR R.F.D. ZIP: 3621 Alva Street 97603

FATHER: John Homfelt MOTHER: Rose Szafran DEFORMANT: Mary T. Homfelt - Wife

BURIAL, CREMATION, REMOVAL, MAUSOLEUM: Cremation CEMETERY OR CREMATORY NAME: Eternal Hills Memorial Gardens LOCATION: Klamath Falls, Or

FUNERAL SERVICE LICENSEE: James H. Ward NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97603

DATE RECEIVED BY REGISTRAR: DEC 3 1984 REGISTRAR: [Signature]

PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) Respiratory failure Interval: Between onset and death: 24 hours

(b) Severe asthmatic bronchitis Interval: Between onset and death: 10 years

(c) OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in PART I (a), (b), or (c))

PART II ACCIDENT (Yes or No): No DATE OF INJURY: DATE OF INJURY: HOUR OF INJURY: DESCRIBE HOW INJURY OCCURRED:

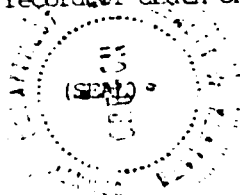
INJURY AT WORK (Yes or No): No PLACE OF INJURY: OFFICE BUILDING, etc. (Specify): LOCATION: STREET OR R.F.D. NO: CITY OR TOWN: STATE:

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

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 McFEEHAN, Registrar Vital Statistics

BY [Signature], 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 3rd day of December A.D., 1984 at 1:00 o'clock P.M., and duly recorded in Vol. 184 of Page's on page 20383.

EVELYN BIENN, COUNTY CLERK

Fee: \$ 7.00

by: [Signature], Deputy

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