

45436

JAN 21 1985

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

Vol. 1785 Page 1558

CERTIFICATE OF DEATH
ORS - 146

Local File Number

State File Number

DECEASED - NAME		FIRST	MIDDLE	LAST	DATE OF DEATH (MONTH, DAY, YEAR)	
Howard		Leon	BIEHN	January 16, 1985		
RACE WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		SEX	AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
White		Male	54 63			September 4, 1921
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.)		COUNTY OF DEATH		
Medford		Rogue Valley Medical Center		Jackson		
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)
Oregon		U.S.A.		Married		Evelyn
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
544-12-2835		Manager		Auto Parts Store		
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D. ZIP		
Oregon		Klamath	Klamath Falls	4605 Cannon		
FATHER - NAME FIRST MIDDLE LAST		MOTHER - FIRST MIDDLE LAST (MAIDEN NAME)		INFORMANT - NAME AND RELATIONSHIP TO DECEASED		
Charles Biehn		Zora Anderson		Evelyn Biehn - Wife		
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION - CITY OR TOWN STATE		
Burial		Mt. Calvary Cemetery		Klamath Falls, Oregon		
FURNERAL SERVICE LICENSE OR PERSON ACTING AS SUCH - SIGNATURE		NAME AND ADDRESS OF FACILITY		209 Ward Funeral Home, 1945 Main St., Klamath Falls, Oregon 97601		
Charles Ferris						
CERTIFICATION - MEDICAL EXAMINER						
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:						
DEATH OCCURRED (MONTH, DAY, YEAR)		DEATH WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)		FROM:		
January 16, 1985		January 16, 1985		NATURAL CAUSES ☐ ACCIDENT ☒ SUICIDE ☐		
CERTIFIER - SIGNATURE		NAME - (TYPE OR PRINT)		DEGREE OR TITLE		
Michael T. Robinson, D.O.		Michael T. Robinson, D.O.		M.E.		
DATE RECEIVED BY REGISTRAR (MONTH, DAY, YEAR)		REGISTERED (MONTH, DAY, YEAR)		210		
JAN 21 1985		JAN 21 1985		1-18-85		
IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		INTERVAL BETWEEN ONSET AND DEATH		
(a) Cerebral & Cerebellar Hemorrhage & Brain Subdural Hematoma				14		
(b) DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
(c) OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)				INTERVAL BETWEEN ONSET AND DEATH		
Chronic Renal Failure				AUTOPSY (SPECIFY YES OR NO)		
DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)		24 No		
JAN 2, 1985		Approx. 2:58 PM Driver of a motor vehicle which was struck broadside by another vehicle.				
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)				
No Road		Summers Lane and South side bypass, Klamath Falls, Or				
RESERVED FOR REGISTRAR'S USE						

STATE OF OREGON

ORIGINAL - VITAL STATISTICS COPY

CERTIFIED COPY OF DEATH RECORD

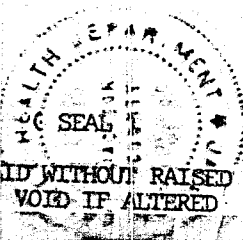
COUNTY OF JACKSON

45-107 REV. 12-83

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the JACKSON COUNTY HEALTH DEPARTMENT.

DATE

JAN 21 1985



NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY

VOID IF ALTERED

REGISTRAR, VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 28th day of January A.D., 1985 at 3:15 o'clock P.M., and duly recorded in Vol. M85, of Deeds, on page 1558.

Fee: \$ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Bernadette A. Ketch, Deputy