45436

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

CERTIFICATE OF DEATH
ORS – 146

Local File Number

State File Number

DECEASED

1. Name: First: Howard; Middle: Leon; Last: BIEHN
2. Date of Death (Month, Day, Year): January 16, 1985
3. Race (White, Black, American Indian, Etc.): White
4. Sex: Male
5a. Age – Last Birthday (Years): 63
5b. Under 1 Year: Months
5c. Under 1 Day: Days / Hours / Min.
6. Date of Birth (Month, Day, Year): September 4, 1921
7a. City, Town, or Location of Death: Medford
7b. Hospital or Other Institution – Name (If not in either, give street & no.): Rogue Valley Medical Center
7c. If Hosp. or Inst.: Dioats, DOA, Opiemer, Rml, Inpatient (Specify): Inpatient
7d. County of Death: Jackson
8. State of Birth (If not in U.S.A., name country): Oregon
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced (Specify): Married
11. Spouse (If married, widowed): Evelyn
12. Was Decedent Ever in U.S. Armed Forces? (Specify yes or no): Yes
13. Social Security Number: 544-12-2835
14a. Usual Occupation (Give kind of work done during most of working life, even if retired): Manager
14b. Kind of Business or Industry: Auto Parts Store
15a. Residence – State: Oregon
15b. County: Klamath
15c. City, Town, or Location: Klamath Falls
15d. Street and Number or R.F.D. Zip: 4605 Cannon 97601
15e. Inside City Limits (Specify yes or no): No
16. Father – Name First Middle Last: Charles Biehn
17. Mother – First Middle Last (Maiden Name): Zora Anderson
18. Informant – Name and Relationship to Deceased: Evelyn Biehn - Wife

DISPOSITION

19a. Burial, Cremation, Removal, Mausl. (Specify): Burial
19b. Cemetery or Crematory – Name: Mt. Calvary Cemetery
19c. Location – City or Town, State: Klamath Falls, Oregon
20a. Funeral Service Licensee or Person Acting As Such – Signature: Dan S. Ferris Jr.
20b. Name and Address of Facility: Ward Funeral Home, 1945 Main St., Klamath FAlls, Oregon 97601

CERTIFIER – 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:

21a. Death Occurred (Hour): 1900
21b. The Decedent Was Pronounced Dead (Month, Day, Year): January 15, 1985
21c. From: Natural Causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐
21d. Certifier – Signature: Michael T. Robinson DO ME
21e. Name – (Type or Print): Michael T. Robinson, D.O. M.E. — Degree or Title
21f. Medical Examiner For: Jackson County
21g. Date Signed (Month, Day, Year): 1-18-85
22a. Date Received by Registrar (Mo., Day, Yr.): JAN 21 1985
22b. Registrar (Signature): Natalie Abram

CAUSE OF DEATH

25. Immediate Cause
Part I (Enter only one cause per line for (a), (b), and (c).)
(a) Due to, or as a consequence of: CEREBRAL & CEREBELLAR HEMORRHAGE & GIANT SUBDURAL HEMATOMA — Interval between onset and death: 14
(b) Due to, or as a consequence of: — Interval between onset and death:
(c) — Interval between onset and death:
Part II Other significant conditions – conditions contributing to death but not related to cause given in Part I (a): CHRONIC RENAL FAILURE — Autopsy (Specify yes or no): 24. No

26a. Date of Injury (Month, Day, Year): Jan. 2, 1985
26b. Hour: Approx. 2:58 PM
26c. How Injury Occurred (Enter nature of injury in Part I or Part II, Item 25): Driver of a motor vehicle which was struck broadside by another vehicle.
26d. Inj. At Work (Specify yes or no): No
26e. Place of Injury – At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify): Road
26f. Location (Street or R.F.D. No., City or Town, County, State): Summers Lane and South side bypass, Klamth Falls, Or

Reserved for Registrar's Use

STATE OF OREGON — ORIGINAL - VITAL STATISTICS COPY — 45-107 REV. 12-83

CERTIFIED COPY OF DEATH RECORD — COUNTY OF JACKSON

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

HEALTH DEPARTMENT SEAL

REGISTRAR, VITAL STATISTICS

NOT VALID WITHOUT RAISED SEAL OF JACKSON COUNTY
VOID IF ALTERED

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., 19 85 at 3:15 o'clock P M, and duly recorded in Vol M85, of Deeds on page 1558.

EVELYN BIEHN, COUNTY CLERK

Fee: $ 5.00

by: Bernetha J. Petsch, Deputy