48111 MFC 14872

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

Vol. M85 Page 5970

469
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First THELMA Middle IRENE Last HUFF

2 DATE OF DEATH (month, day, year): December 15, 1984

3 RACE (White, Black, American Indian, etc (specify)): White

4 SEX: Female

5a AGE—Last birthday (years): 59

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): February 17, 1925

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): 2449 Redwood Dr.

7c IF HOSP OR INST Indicate DOA, Or'Emer., Rm., Inpatient [Specify]: —

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Washington

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Ervin C. Huff

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 533-20-6426 A

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: Own Home

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 2449 Redwood Dr. 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Robert N. Pugh

17 MOTHER—first middle last (Maiden Name): Nellie Mary McCall

18 INFORMANT—NAME and relationship to deceased: Ervin C. Huff, Husband

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Island City Cemetery

19c LOCATION city or town State: LaGrande, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Mike Ott

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

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]: F. Geoffrey Marx

21b DATE SIGNED (Mo. Day Yr.): 12/17/84

21c HOUR OF DEATH: 9:00 A. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, M.D., 2614 Clover St., Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): DEC 17 1984

22b REGISTRAR [Signature]: Darlene E. Cravens

23 IMMEDIATE CAUSE

PART I (a) Respiratory Failure — Interval between onset and death: 1 wk

DUE TO, OR AS A CONSEQUENCE OF:

(b) COPD — Interval between onset and death: 20 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(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)

(ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY (Mo. Day. Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY [Specify Yes or No]	25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]
				No	Yes

26e INJURY AT WORK [Specify Yes or No]	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc [Specify]	26g LOCATION STREET OR R.F.D. NO	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

Return: Ervin C. Huff
2449 Redwood Drive
Klamath Falls, Oregon 97601

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 Darlene E. Cravens Deputy Registrar

Date DEC 17 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 25th day of April A.D., 19 85 at 10:48 o'clock A M, and duly recorded in Vol M85, of Deeds on page 5970

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Lynn Smith, Deputy