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243 Local File Number

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

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First GEORGE Middle ADRIAN Last BOUDON

2 DATE OF DEATH (month, day, year): June 15, 1985

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

4 SEX: Male

5a AGE—Last birthday (years): 82

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): September 7, 1902

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Mt. View Care Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Reta L. Boudon

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

13 SOCIAL SECURITY NUMBER: 543-10-3153

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

14b KIND OF BUSINESS OR INDUSTRY: U.S. Airforce Civil Service

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4310 Highland St. 97603

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

16 FATHER—NAME first middle last: Charles George Boudon

17 MOTHER—first middle last (Maiden Name): Jessie - Updike

18 INFORMANT—NAME and relationship to deceased: Reta L. Boudon, Wife

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Haven of Rest Mausoleum

19c LOCATION city or town, state: Klamath Falls, Oregon

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

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]: Glenn Gallis M.D.

21b DATE SIGNED (Mo., Day, Yr.): 6/19/85

21c HOUR OF DEATH: 2:25 P.M.

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Glenn G. Gallis, M.D., 1905 Main St., Klamath Falls, Ore. 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUN 18 1985

22b REGISTRAR [Signature]: Marian E. Ackerman

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

PART I
(a) CARDIAC ARREST — Interval between onset and death: MINUTES
DUE TO, OR AS A CONSEQUENCE OF:
(b) ARTERIOSCLEROSIS — Interval between onset and death: YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(c) CANCER LUNG PRIMARY UNKNOWN — Interval between onset and death: 8 MONTHS

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): CANCER BLADDER

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

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

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 June 18, 1985

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

5.00 Cash

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 20th day of June A.D., 19 85 at 11:19 o'clock AM, and duly recorded in Vol M85 of Deeds on page 9341.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: Reta Boudon 4310 Highland,St., Klamath Falls, Oregon 97603