

51861 '85 AUG 7 PM 2 54

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records UnitVol. 185 Page 12494

CERTIFICATE OF DEATH

State File Number

DATE OF DEATH (month, day, year)

2 July 9, 1985

DATE OF BIRTH (month, day, year)

6 August 12, 1916

COUNTY OF DEATH

7d Klamath

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

12 Yes

KIND OF BUSINESS OR INDUSTRY

14b Pacific Power & Light Company

INSIDE CITY LIMITS (Specify Yes or No)

15e No

INFORMANT—NAME and relationship to deceased

18 Ruby Amacker, wife

LOCATION city or town state

19c Klamath Falls, Oregon 97603

NAME AND ADDRESS OF FACILITY

19d Davenport's Chapel of the Good Shepherd,

6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

DATE SIGNED (Mo., Day, Yr.)

20b July 10, 1985

HOUR OF DEATH

21c 6:50 P.m.

To the best of my knowledge, death occurred at the time, date and place stated.

21a Signature of Certifier

21d George Zupan, MD, 1905 Main Street, Klamath Falls, Oregon 97601

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

21e DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)

22a JUL 10 1985

22b Signature of Registrar

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

(a) RESPIRATORY FAILURE

(b) OAT CELL CARCINOMA LUNG

(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY (Specify Yes or No) No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No

PART II

ACCIDENT (Specify Yes or No) 26a No

DATE OF INJURY (Mo., Day, Yr.) 26b

HOUR OF INJURY 26c

26d DESCRIBE HOW INJURY OCCURRED

26e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26f 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 KlamathThis 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 ACKERMAN, Registrar Vital Statistics

By [Signature] Deputy RegistrarDate July 10, 1985

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of August the 7th day
of August, 19 85 at 2:54 o'clock P.M., and duly recorded in Vol. 185
of Deeds on Page 12494

FEE \$5.00

Ret: Ruby Amacker

5621 Casa Way, Klamath Falls, Oregon 97603

Evelyn Biehn
By [Signature] County Clerk