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

Vol. M85 Page 16312

375
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First Richard; Middle M.; Last DAHM

2 DATE OF DEATH (month, day, year): September 17, 1985

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

4 SEX: Male

5a AGE—Last birthday (years): 74

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): May 3, 1911

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

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical 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): Iowa

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Eunice G. Dahm

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

13 SOCIAL SECURITY NUMBER: 334-09-2112

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Mgr. Wholesale Bakery Supply

14b KIND OF BUSINESS OR INDUSTRY: Wholesale Bakery Supply Sales

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 4316 El Cerito 97603

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

16 FATHER—NAME first middle last: Martin O. Dahm

17 MOTHER—first middle last (Maiden Name): Ellen Olesen

18 INFORMANT—NAME and relationship to deceased: Eunice G. Dahm, Wife

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town, state: Klamath Falls, Ore.

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

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

POSITION 1 2 3

CERTIFIER

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]: M.D.

21b DATE SIGNED [Mo., Day, Yr.]: 9/17/85

21c HOUR OF DEATH: 7:30 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: William A. Bartlett, M.D., 2300 Clairmont 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.]: SEP 18 1985

22b REGISTRAR [Signature]:

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

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

PART I (a) Cardiogenic Shock — Interval between onset and death: 3 hours

DUE TO, OR AS A CONSEQUENCE OF:

(b) Recurrent Myocardial Infarction — Interval between onset and death: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(c) Atherosclerotic Heart Disease — Interval between onset and death: 9 years

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

USE OF DEATH 4 5 6

26a ACCIDENT [Specify Yes or No]	26b DATE OF INJURY [Mo., Day, Yr.]	26c HOUR OF INJURY	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]	26d DESCRIBE HOW INJURY occurred		
RESERVED FOR REGISTRAR'S USE		26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		

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 the record of death on file with the Klamath County Department of Health Services.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By Deputy Registrar

Date Sept 19 1985

VOID IF ALTERED

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

$5.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of October A.D., 19 85 at 2:45 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 16312. the 8th day

FEE $5.00

Evelyn Biehn County Clerk

By Pam Smith

Ret: Eunice Dahm, 4316 El Cerrito, Klamath Falls, Oregon 97603