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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

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEASED—NAME: First: JULIUS; Middle: RUDOLPH; Last: BUZEK
2. DATE OF DEATH (Month, Day, Year): October 30, 1985
3. RACE (White, Black, American Indian, etc.): White
4. SEX: Male
5A. AGE—Last Birthday (Years): 73
5B. Under 1 Year: Months / Days
5C. Under 1 Day: Hours / Min.
6. DATE OF BIRTH (Month, Day, Year): October 31, 1911
7A. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7B. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street & no.): West Medical Center
7C. If hosp. or inst., indicate dod, rm., inpatient, specimen (specify): Emer.Rm.
7D. COUNTY OF DEATH: Klamath
8. STATE OF BIRTH (If not in U.S.A., name country): Texas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SPOUSE (If married, widowed): Bessie
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 456-16-0649
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Repairman - Retired
14B. KIND OF BUSINESS OR INDUSTRY: Pacific Power & Light
15A. RESIDENCE—STATE: Oregon
15B. COUNTY: Klamath
15C. CITY, TOWN, OR LOCATION: Klamath Falls
15D. STREET AND NUMBER OR R.F.D.: Rt. 3 Box 225 LB
15E. INSIDE CITY LIMITS (Specify Yes or No): No
16. FATHER—NAME First Middle Last: Rudolph Buzek
17. MOTHER—First Middle Last (Maiden Name): Teresa Paschel
18. INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Bessie Buzek / 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: Jim Lancaster
20B. NAME AND ADDRESS OF FACILITY: WARD'S / 1945 Main St. / Klamath Falls, Ore. 97601

DISPOSITION

CERTIFIER — MEDICAL EXAMINER

CERTIFICATION — 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): 9:08 P.M.
21B. THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year, Hour): Oct. 30, 1985 9:08 P.M.
21C. FROM: Natural Causes XX; Homicide ☐; Accident ☐; Undetermined ☐; Suicide ☐; Pending ☐
21D. CERTIFIER—SIGNATURE: William Carney MD
21E. NAME—(Type or Print): William Carney, MD — Degree or Title
21F. MEDICAL EXAMINER FOR: Klamath County
21G. DATE SIGNED (Month, Day, Year):
22A. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): NOV 1 1985
22B. REGISTRAR (Signature):

CAUSE OF DEATH

Conditions if any which gave rise to immediate cause stating the underlying cause last

23. IMMEDIATE CAUSE — PART I — (Enter only one cause per line for (a), (b), and (c).)
(a) ARTERIOSCLEROTIC HEART DISEASE — Due to, or as a consequence of:
(b) — 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) — Interval between onset and death:

24. AUTOPSY (Specify Yes or No): No

25A. DATE OF INJURY (Month, Day, Year)
25B. HOUR
25C. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)
25D. INJ. AT WORK (Specify Yes or No)
25E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)
25F. LOCATION (Street or R.F.D. No., City or Town, County, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-107 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.

MARIAN ACKERMAN, Registrar Vital Statistics

By _____ Deputy Registrar

Date _____

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 _____ of November A.D., 19 85 at 4:14 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 18197 the 7th day

FEE $5.00

Evelyn Biehn County Clerk

By _____

Ret: Bessie Buzek Rt. 3, Box 225 LB, Klamath FALLS, Oregon 97601