McFarland, Sr. — Male

Place of death: Klamath Falls — Hospital or other institution: West Medical Center

Date of birth: September

Citizen of what country: U.S.A.

Social Security Number: 543 - 10 - 3481

Married, never married, widowed, divorced: Married

Spouse (if married, widowed): Gracia

Usual occupation (give kind of work done during most of working life, even if retired): Night Watchman

Kind of business or industry: Winema National Forest

Residence—State: Oregon — County: Klamath — City, town or location: Bonanza — Street and number or R.F.D.: Route 1, Box 748

Father—name first middle last: Commodore P. McFarland

Mother—maiden name first middle last: Donna Agnes Oaks

Informant—name and relationship to decedent: John C. McFarland, Jr.

Burial, cremation, removal, other (specify): Burial

Cemetery or crematory—name: Eternal Hills Memorial Gardens

Location city or town, state: Klamath Falls, Oregon

Funeral service licensee or person acting as such — signature: [signature]

Name and address of facility: WARD'S / 1945 Main St / Klamath Falls, Oregon

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:

Death occurred (hour): 6:27 A.M.

The decedent was pronounced dead (month, day, year, hour): March 15, 1980/6:27a M.

From: Natural causes ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending ☐

Certifier — signature: [signature]

Medical examiner for: KLAMATH County

Name (type or print): George R. Nicholson, M.D.

Date signed (month, day, year):

Date received by registrar (mo. day, yr.): MAR 1 8 1980

Registrar (signature): Shelia Manier

Part I — Immediate cause (enter only one cause per line for (a), (b), and (c).)

(a) Probable Ventricular fibrillation

Due to, or as a consequence of:

(b) Acute Myocardial Infarct

Due to, or as a consequence of:

(c) Arteriosclerotic Heart Disease

Part II — Other significant conditions — conditions contributing to death but not related to cause given in Part I (a)

Interval between onset and death: secs / unknown / yrs

Date of injury (month, day, year): March 15, 1980 — Hour: 5:40am

Injury at work (specify yes or no): No

How injury occurred (enter nature of injury in Part I or Part II, item 23): Suffered apparent while driving home from work

Place of injury at home, farm, street, factory, office bldg., etc.: Street

Location (street or R.F.D. no., city or town, county, state): 1410 S. 6th St./Klamath Falls/Klamath/Oregon

Reserved for registrar's use

'85 DEC 11 PM 2 30

ORIGINAL-VITAL STATISTICS COPY

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) OREGON

MARIAN ACKERMAN, Registrar Vital Statistics

By Shelia Manier, Deputy Registrar

Date March 18, 1980

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL — KLAMATH CO. DEPT. OF HEALTH

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ the 11th day of December A.D., 19 85 at 2:30 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 20160.

FEE $5.00

Evelyn Biehn, County Clerk

By [signature]

Ret: Neal G. Buchanan 601 Main St., Ste. #210 Klamath Falls, Oregon 97601-6007