Vol 86

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEDENT

1. Name: First: William; Middle: F.; Last: Rehfuss
2. Date of Death (month day year): January 1, 1986
3. Race: White
4. Sex: Male
5. Age — Last Birthday (years): 74
5b. Under 1 year (months / days)
5c. Under 1 day (hours / minutes)
6. Date of Birth (month day year): September 27, 1911
7. City, Town or Location of Death: Klamath Falls
7b. Hospital or Other Institution — Name (If not in hospital, give street and number): Merle West Medical Center
7c. If Hospital or Institution — Outpatient or ER / Inpatient / DOA
7d. County of Death: Klamath
8. State of Birth: Idaho
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced: Married
11. Spouse (If Married, Widowed or Divorced): Eleanor A. Rehfuss
12. Was Decedent Ever in U.S. Armed Forces?: No
13. Social Security Number: 518-10-2390
14. Usual Occupation: Meat Packing Self Employed
14b. Kind of Business or Industry: Meat Packing
15. Residence — State: Oregon
15b. County: Klamath
15c. City, Town or Location: Klamath Falls
15d. Street and Number or R.F.D. and Zip: 1003 Tamera Dr. 97603
15e. Inside City Limits: No
16. Father — Name: Henry H. Rehfuss
17. Mother — Name (Maiden Name): Bernice - Marco
18. Informant — Name and Relationship to Deceased: Eleanor A. Rehfuss, Wife

DISPOSITION

19. Burial, Cremation, Removal, Other (Specify): Burial
20. Cemetery or Crematory — Name: Eternal Hills Memorial Gardens
20b. Location: Klamath Falls, Ore.
21. Funeral Service Licensee or Other Agent — Signature and Address: [signature]
21b. Name and Address of Facility: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or

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: [signature] M.D.
21b. Date Signed (Mo. Day, Yr.): January 3, 1986
21c. Hour of Death: 11:20 P. M
21d. Name and Address of Certifier (Type or Print): F. Geoffrey Marx, M.D., 2614 Clover St., Klamath Falls, Ore. 97601
21e. Name of Attending Physician if Other than Certifier (Type or Print):

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

22a. Date Received by Registrar (Mo. Day, Yr.): JAN 6 1986
22b. Registrar: [signature]

CAUSE OF DEATH

23. Immediate Cause — (Enter only one cause per line for (a), (b), and (c).)
PART I (a) Respiratory Failure — Interval between onset and death: 1 hr.
(b) Due to or as a consequence of: Emphysema — Interval between onset and death: 10 yrs.
(c) Due to or as a consequence of: — Interval between onset and death:

PART II Other Significant Conditions — Conditions contributing to death but not related to cause given in PART I (a): ASHD DM

24. Accident (Specify Yes or No): — Date of Injury (Mo. Day, Yr.): — Hour of Injury: — Describe How Injury occurred:
25. Autopsy (Specify Yes or No): No
26. Was Medical Examiner Notified (Specify Yes or No): No
26a. Injury at Work (Specify Yes or No):
26b. Place of Injury — At home, farm, street, factory, office building, etc. (Specify):
26c. 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 [signature] *Deputy Registrar*

Date [illegible]

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 _____ the 13th day of January A.D. 19 86 at 11:09 o'clock A M. and duly recorded in Vol 86 of Deeds on Page 537

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]

Return: Brandsness & Huffman P.C. 411 Pine St., Klamath Falls, Oregon 97601