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00613
ID TAG NO.
475
Local File Number

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

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED — NAME: First: Faye; Middle: W.; Last: KLAHN
2 DATE OF DEATH (month, day, year): December 19, 1986
3 RACE White, Black, American Indian, etc. (specify): White
4 SEX: Female
5a AGE — Last birthday (years): 87
5b Under 1 year: mos. / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): January 6, 1899
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 1915 Huron St.
7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): —
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Kansas
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Kenneth G. Klahn
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 541-36-8983
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookeeper
14b KIND OF BUSINESS OR INDUSTRY: Electric Utility
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D.: 1915 Huron St. ZIP: 97601
15e Inside City Limits (specify yes or no): Yes
16 FATHER — NAME first middle last: Lawrence A. West
17 MOTHER — first middle last (Maiden Name): Sallie S. Kulp

DISPOSITION

18 INFORMANT — NAME and relationship to deceased: Kenneth G. Klahn, Husband
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Klamath Memorial Park
19c LOCATION city or town state: Klamath Falls, Ore.
20a FUNERAL SERVICE LICENSEE or Agent acting as such (Signature): [signature]
20b NAME AND ADDRESS OF FACILITY: 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, Year): December 19, 1986
21c HOUR OF DEATH: 5:00 A M
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Earle M. LeVernois, M.D., 2628 Campus Dr., Klamath Falls, Ore. 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): ZIP:
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): December 19, 1986
22b REGISTRAR (Signature) ► [signature]

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE — (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I (a) Cardiac Arrest due to Renal Failure — Interval between onset and death: Terminal
(b) M.S.T. Carcinoma — Interval between onset and death: Known 6 mos
DUE TO, OR AS A CONSEQUENCE OF:
(c) Primary Carcinoma of Colon — Interval between onset and death: 4 yrs
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)

ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Year)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	AUTOPSY (Specify Yes or No)	WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
26a	26b	26c	26d	24 No	25 Yes
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f	M	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g		

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒
WAS GIFT MADE? YES ☐ NO ☐ N/A ☒
RESERVED FOR REGISTRAR'S USE

ORIGINAL--VITAL STATISTICS COPY

45-2 Rev. 1-85

$5.00 Cash

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 Regisrtar
Date December 19, 1986

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES
VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of December A.D., 19 86 at 3:04 o'clock P M., and duly recorded in Vol. M86, the 22nd day
of Deeds on Page 23657.

FEE $5.00
Return: Kenneth G. Klahn 1915 Huron St., Klamath Falls, Oregon 97601

Evelyn Biehn, County Clerk
By [signature]