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ID TAG NO.

475

Local File Number

STATE OF OREGON
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit

Vol. M80 Page 23657

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

CERTIFICATE OF DEATH

DECEDENT

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

DISPOSITION

1

2

3

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

4

5

6

DECEASED - NAME

First

Faye

Middle

Last

KLAHN

State File Number

DATE OF DEATH (month, day, year)
2 December 19, 1986DATE OF BIRTH (month, day, year)
6 January 6, 1899

COUNTY OF DEATH

7d Klamath

WAS DECEDENT EVER IN U.S.
ARMED FORCES? (specify yes or no)
12 NoRACE White, Black, American Indian, etc.
(specify)
3 White

SEX

4 Female

AGE - Last birthday (years)

5a 87

Under 1 year

5b mos. days

Under 1 day

5c hours min.

CITY, TOWN OR LOCATION OF DEATH

7a Klamath Falls

HOSPITAL OR OTHER INSTITUTION - NAME
(if not in either, give street and number)

7b 1915 Huron St.

STATE OF BIRTH (if not in U.S.,
name country)

8 Kansas

CITIZEN OF WHAT COUNTRY

9 U.S.A.

MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (specify)

10 Married

IF HOSP. OR INST. Indicate DOA,
OP/Emer. Rm., Inpatient (specify)

7c -

SPOUSE (IF MARRIED, WIDOWED)

Kenneth G. Klahn

SOCIAL SECURITY NUMBER

13 541-36-8983

RESIDENCE - STATE

15a Oregon

COUNTY

15b Klamath

CITY, TOWN OR LOCATION

15c Klamath Falls

STREET AND NUMBER OR R.F.D.

15d 1915 Huron St.

ZIP

97601

Inside City Limits
(specify yes or no)

15e Yes

FATHER - NAME first middle last

16 Lawrence A. West

MOTHER - first middle last

17 Sallie S. Kulp

BURIAL, CREMATION,
REMOVAL, MAUS. (specify)

19a Burial

CEMETERY OR CREMATORY - NAME

19b Klamath Memorial Park

NAME AND ADDRESS OF FACILITY

19c Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

FUNDAL SERVICE LICENSEE or person acting as such
(Signature)

20a

NAME AND ADDRESS OF CERTIFIER (Type or Print)

21a Earle M. LeVernois, M.D., 2628 Campus Dr., Klamath Falls, Ore.

DATE SIGNED (Mo., Day, Year)

21b December 19, 1986

HOUR OF DEATH

21c 5:00 A M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Year)

22a December 19, 1986

REGISTRAR

22b (Signature) - M. D.

PART I

(a)

DUE TO, OR AS A CONSEQUENCE OF:

(b)

DUE TO, OR AS A CONSEQUENCE OF:

(c)

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

AUTOPSY (Specify Yes or No)

WAS MEDICAL EXAMINER NOTIFIED
(Specify Yes or No)INJURY AT WORK
(Specify Yes or No)PLACE OF INJURY - At home, farm, street, factory,
office building, etc. (Specify)

DESCRIBE HOW INJURY OCCURRED

LOCATION

STREET OR R.F.D. NO.

CITY OR TOWN

STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?
YES ☐ NO ☐ N/A ☒

RESERVED FOR REGISTRAR'S USE

WAS GIFT MADE?
YES ☐ NO ☐ N/A ☒

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-85

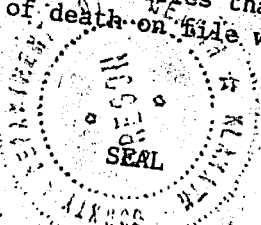
STATE OF OREGON
COUNTY OF KLAMATHThis certifies that the foregoing is a correct and complete transcript of a record
of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy RegistrarDate December 19, 1986

VOID IF ALTERED

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



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of
of DecemberA.D., 19 86 at 3:04 o'clock P M., and duly recorded in Vol. M86
of Deeds on Page 23657

FEE \$5.00

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

By Evelyn Biehn County Clerk