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B-3462 ID TAG NO.

284 Local File Number

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

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First: Jack; Middle: J.; Last: HANEY

State File Number

2 DATE OF DEATH (month, day, year): July 30, 1987

3 RACE White, Black, American Indian, etc (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 61

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): June 30, 1926

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center

7c IF HOSP OR INST indicate DOA, OP/Emer Rm, Inpatient (specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Norma

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: 544-20-7244

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Area Manager

14b KIND OF BUSINESS OR INDUSTRY: Southern Oregon Log Scaler Bureau

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 3025 Sunshine Place ZIP 97603

15e Inside City Limits (specify yes or no): No

16 FATHER — NAME first middle last: John Emmett Haney

17 MOTHER — first middle last (Maiden Name): Carole Adellia Roberts

18 INFORMANT — NAME and relationship to deceased: Norma P. Haney, wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Crematory

19c LOCATION city or town state: Klamath Falls, Oregon 976

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

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): F. Geoffrey Marx

21b DATE SIGNED (Mo., Day, Year): July 30, 1987

21c HOUR OF DEATH: 11:45 A.M.

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon ZIP 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 31 1987

22b REGISTRAR (Signature): Michelle Ratliff

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE

PART I (a) Respiratory Failure — Interval between onset and death: 1 wk.

(b) DUE TO, OR AS A CONSEQUENCE OF: ARDS — Interval between onset and death: 1 wk

(c) DUE TO, OR AS A CONSEQUENCE OF: Lung Cancer s/p Pneumonectomy — Interval between onset and death: 1 wk

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): Smoker

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)
26a No	26b	26c	24 No	25 No

INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY — At home, farm, street, factory, office building, etc (Specify)	DESCRIBE HOW INJURY OCCURRED
26e No	26f	26d

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 6-86

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.

OREGON SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By Michelle Ratliff, Deputy Registrar

Date JUL 31 1987

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 August A.D., 19 87 at 9:21 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 13885. the 4th day

FEE $5.00

Return: Norma Haney 3025 Sunshine Pl., Klamath Falls, Oregon 97603

Evelyn Biehn, County Clerk

By _____