92576

28701 ID TAG NO.

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

In 04-92517
Vol M88 Page 17174

TYPE OR PRINT IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

MC-20253 264 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEDENT

1 DECEASED — NAME: First DAVID | Middle LEON | Last BUCKINGHAM

2 DATE OF DEATH (month, day, year): July 11, 1987

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

4 SEX: Male

5a AGE — Last birthday (years): 49 | 5b Under 1 year: mos / days | Under 1 day: 5c hours / min.

6 DATE OF BIRTH (month, day, year): December 12, 1937

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): Emer. Room

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): Opal G.

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

13 SOCIAL SECURITY NUMBER: 540 - 40 - 6352

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

14b KIND OF BUSINESS OR INDUSTRY: State of Oregon

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 5204 Harlan Drive ZIP 97603

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

16 FATHER — NAME first middle last: Anthony Roy Buckingham

17 MOTHER — first middle last (Maiden Name): Ivis Pauline Arntsen

18 INFORMANT — NAME and relationship to deceased: Opal Buckingham / Wife

DISPOSITION

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

19b CEMETERY OR CREMATORY — NAME: Mt. Calvary Cemetery

19c LOCATION city or town state: Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601

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): Arthur G. Freeland

21b DATE SIGNED (Mo., Day, Year): July 13, 1987

21c HOUR OF DEATH: 9:20 AM

21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Arthur G. Freeland, MD / 1905 Main / Klamath Falls, Oregon / 97601

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

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): JUL 13 1987

22b REGISTRAR (Signature): Marian Ackerman

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) Ventricular fibrillation, Electromechanical dissociation — Interval between onset and death: 2 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(b) Probable acute myocardial infarction — Interval between onset and death: 2 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(c) Atherosclerotic coronary vascular disease (prim MI) — Interval between onset and death: 8 years

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

26a ACCIDENT (Specify Yes or No): NO

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

24 AUTOPSY (Specify Yes or No): NO

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): NO

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

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

'88 OCT 12 PM 3 31

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics
By Marian Ackerman, Deputy Registrar
Date JUL 13 1987
VOID IF ALTERED

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

After recording Please return to: Klamath First Federal 2943 S. 6th St. K40

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 12th day of Oct. A.D., 19 88 at 3:31 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 17174.

FEE $8.00

Evelyn Biehn County Clerk
By Pauline Mullendore