

CERTIFICATION OF VITAL RECORD
OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

1. DECEDENT'S NAME: Floyd First Middle Last
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 31, 1989
4. SOCIAL SECURITY NUMBER: 548-22-2642
5a. AGE - Last Birthday (Years): 69
5b. Under 1 Year: 0 Mos. 0 Days
5c. Under 1 Day: 0 Hours 0 Mins.
6. BIRTHPLACE (City and State or Foreign Country): Fresno, California
7. DATE OF BIRTH (Month, Day, Year): June 13, 1919
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (if not institution, give street and number): 2934 Summers Lane, Space #23
9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9d. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Cement Contractor
10b. KIND OF BUSINESS/INDUSTRY: Self employed
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Maggie Lucille
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2934 Summers Lane, Space #23
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes
15. RACE: American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12)
17. FATHER - NAME first middle last: Henry - Funkner
18. MOTHER - NAME first middle maiden: Mollie - Kerber
19. INFORMANT - NAME and relationship to decedent: M. Lucille Funkner, wife
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify): Deschutes Memorial Gardens
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Bend, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: William J. Newport
21b. LICENSE NUMBER (Of Licensee): 47-3104
22. NAME, ADDRESS AND ZIP OF FACILITY: of the Good Shepherd, Davenport's Chapel, Klamath Falls, Oregon 97603-7194
23. DATE FILED (Month, Day, Year): APR 3 1989
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A
26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A
27. TIME OF DEATH: 1445 P M ☐ Yes ☒ No
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No
29. TO the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Robert P. Brouillard, MD
30. DATE SIGNED (Month, Day, Year): April 1, 1989
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert P. Brouillard, MD, 2865 Daggett St., Klamath Falls, Oregon 97601
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): Robert P. Brouillard, MD
33. DATE SIGNED (Month, Day, Year): April 1, 1989
34. COUNTY: Klamath
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Robert P. Brouillard, MD, 2865 Daggett St., Klamath Falls, Oregon 97601
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)
(a) Cardiac arrhythmia
(b) Atherosclerotic heart disease
(c) Cancer of large intestine
37. Did tobacco use contribute to the death? ☒ Yes ☐ No ☐ Probably ☐ Unk
38. AUTOPSY: ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A
40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide
41a. DATE OF INJURY (Month, Day, Year): April 1, 1989
41b. TIME OF INJURY: 1445 P M ☐ Yes ☒ No
41c. INJURY AT WORK? ☐ Yes ☒ No
41d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify): At home
41e. LOCATION (Street and Number or Rural Route Number, City or Town, State): 2934 Summers Lane, Space #23, Klamath Falls, Oregon 97603-7194

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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED APR 3 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Maggie Funkner
of April A.D., 19 89 at 2:07 o'clock P.M., and duly recorded in Vol. M89
of Deeds on Page 5902

FEE \$8.00
Return: Maggie Funkner
2934 Summers Ln, Klamath Falls, Or. 97603

Evelyn Biehn County Clerk
By Dawn M. Mullen