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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

MR-22554-K

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 4300-03561

STATE FILE NUMBER

1a. NAME OF DECEASED—FIRST NAME: Louis | 1b. MIDDLE NAME: R. | 1c. LAST NAME: BECKHARDT

2a. DATE OF DEATH—MONTH, DAY, YEAR: June 20, 1975 | 2b. HOUR: 3:50 A.M.

3. SEX: MALE | 4. COLOR OR RACE: Cauc | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska | 6. DATE OF BIRTH: March 27, 1937 | 7. AGE (LAST BIRTHDAY): 38 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HRS.: MINS., HRS.

8. NAME AND BIRTHPLACE OF FATHER: John Beckhardt / Maryland | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Betty Olenslagher / Oregon

10. CITIZEN OF WHAT COUNTRY: U. S. A. | 11. SOCIAL SECURITY NUMBER: 559-56-1655 | 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married | 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Mary Caneta

14. LAST OCCUPATION: Parts Manager | 15. NUMBER OF YEARS IN THIS OCCUPATION: 6 mo. | 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): Ford Agency -Sunnyvale | 17. KIND OF INDUSTRY OR BUSINESS: Automobile

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: ---- | 18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 655 South Fairoaks Ave., #303-C | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes

18d. CITY OR TOWN: Sunnyvale | 18e. COUNTY: Santa Clara | 18f. LENGTH OF STAY IN COUNTY OF DEATH: 6 mo. YEARS | 18g. LENGTH OF STAY IN CALIFORNIA: 6 mo. YEARS

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 605 South Fair Oaks Apt. 303C | 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes | 20. NAME AND MAILING ADDRESS OF INFORMANT: Mary Beckhardt (wife) 1734 Johnson Ave. Klamath Falls, Oregon 97604

19c. CITY OR TOWN: Sunnyvale | 19d. COUNTY: Santa Clara | 19e. STATE: California

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. SIGN: Investigation (INVESTIGATION OR INQUEST)

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE, AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON (ENTER MONTH, DAY, YEAR)

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: John E. Hauser, M.D. | 21d. DATE SIGNED: June 20, 1975

21e. ADDRESS: Medical Examiner-Coroner 751 So. Bascom, San Jose | 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: #A17675

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial | 22b. DATE: 6/23/75 | 23. NAME OF CEMETERY OR CREMATORY: Oregon Eternal Hills Memorial | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED): Pk Walter D. Hanson | LICENSE NUMBER: 6272

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): O'Hairs Funeral Chapel | 26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) | 27. LOCAL REGISTRAR—SIGNATURE: P Bianciacusa M.D. | 28. DATE RECEIVED BY LOCAL REGISTRAR: JUN 20 1975

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

(A) IMMEDIATE CAUSE: Occlusion, Anterior Descending Coronary Artery
DUE TO, OR AS A CONSEQUENCE OF
(B): Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF
(C):

30 PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN ITEM 29

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): No | 32a. AUTOPSY (SPECIFY YES OR NO): Yes | 32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): Yes

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.) | 35. INJURY AT WORK (SPECIFY YES OR NO) | 36a. DATE OF INJURY—MONTH, DAY, YEAR | 36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. ITEM 19. MILES | 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO) | 39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

A.	B.	C.	D.	E.	F.

Certified as a true copy of the official document filed in this office June 27, 1975
Certification fee $2.00

P Bianciacusa M.D.
Local Registrar of Vital Statistics, Santa Clara County Health Department San Jose, California 95128

Rose M. Rivas
Deputy Registrar of Vital Statistics, Santa Clara County Health Department San Jose, California 95128

Upon recording return to:
Mary E. Beckhardt, 2205 Wiard Street
Klamath Falls, OR 97603

STATE OF OREGON, County of Klamath ss.

Filed for record at request of:

Mountain Titel Co.

on this 2nd day of Nov. A.D., 1989
at 2:28 o'clock P M. and duly recorded
in Vol. M89 of Deeds Page 21156.

Evelyn Biehn County Clerk
By Louise Mullendore Deputy.

Fee, $8.00