29348

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

Vol M91 Page 9020

CERTIFICATE OF DEATH

Local File Number: 65

State File Number:

Field	Entry
1. Deceased—Name (First, Middle, Last)	EDWARD E. CACKA
2. Date of Death (month, day, year)	February 26, 1984
3. Race	White
4. Sex	Male
5a. Age—Last birthday (years)	76
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min)	
6. Date of Birth (month, day, year)	June 18, 1907
7a. City, Town or Location of Death	Klamath Falls
7b. Hospital or Other Institution—Name	Merle West Medical Center
7c. If Hosp or Inst. Indicate DOA, OP/Emer., Rm., Inpatient	Inpatient
7d. County of Death	Klamath
8. State of Birth	Washington
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Divorced
11. Spouse	–
12. Was Decedent Ever in U.S. Armed Forces?	No
13. Social Security Number	540-44-2874
14a. Usual Occupation	Farmer
14b. Kind of Business or Industry	Farming
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Malin
15d. Street and Number or R.F.D., Zip	H.C. 62, Star Rt. Box 118 97632
15e. Inside City Limits	No
16. Father—Name	Ignac - Cacka
17. Mother—Name (Maiden Name)	Josephine - Micka
18. Informant—Name and relationship to deceased	Edward E. Cacka, Jr., Son
19a. Burial, Cremation, Removal, Other	Cremation
19b. Cemetery or Crematory Name	Klamath Cremation Service
19c. Location	Klamath Falls, Oregon
20a. Funeral Service Licensee (Signature)	[signature]
20b. Name and Address of Facility	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O
21a. Certifier (Signature) — To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated	[signature] MD
21b. Date Signed	2/27/84
21c. Hour of Death	12:06 A. M
21d. Name and Address of Certifier	Dave Seeley, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601
21e. Name of Attending Physician if Other Than Certifier	
22a. Date Received by Registrar	FEB 27 1984
22b. Registrar (Signature)	[signature]

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

Part I	Cause	Interval between onset and death
(a)	Cardiac Arrest	3 days
(b) Due to, or as a consequence of	Coronary Heart Disease	
(c) Due to, or as a consequence of		

Part II. Other significant conditions: Hypertension, Periph. vasc. disease

24. Autopsy: No

25. Was Medical Examiner Notified: No

26a. Accident	26b. Date of Injury	26c. Hour of Injury	26d. Describe How Injury Occurred
		M	

26e. Injury at Work	26f. Place of Injury	26g. Location (Street or RFD No, City or Town, State)

Reserved for Registrar's Use

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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.

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature] Deputy Registrar

Date FEB 27 1984

VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

Irene Cacka
Address
Malin Hwy
Malin, OR
97632

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ____ the 13th day of May A.D., 19 91 at 2:59 o'clock P M., and duly recorded in Vol. M91, of Deeds on Page 9020.

County Clerk

By [signature]

FEE $8.00