

OREGON DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH079722  
I.D. TAG NO.Vol. m91 Page 12554

31344

Local File Number

State File Number

DECEDENT

PARENTS

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

1. DECEDENT'S NAME First: <u>Lloyd</u> Middle: <u>J.</u> Last: <u>HAFAR, SR.</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month, Day, Year) <u>January 25, 1991</u>				
4. SOCIAL SECURITY NUMBER <u>475-14-1673</u>			5a. AGE - Last Birthday (Years) <u>67</u>	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Mins.	6. BIRTHPLACE (City and State or Foreign Country) <u>Wirt, Minnesota</u>	7. DATE OF BIRTH (Month, Day, Year) <u>October 31, 1923</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH <u>Medford</u>			9c. COUNTY OF DEATH <u>Jackson</u>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Heavy Equipment Foreman</u>			10b. KIND OF BUSINESS/INDUSTRY <u>Lumber Mill Industry</u>		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		12. SPOUSE (If Married, Widowed) <u>Marian - Hafar</u>	
13a. RESIDENCE - STATE <u>Oregon</u>			13b. COUNTY <u>Klamath</u>		13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>		13d. STREET AND NUMBER <u>1707 Euclid Street</u>	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			13f. ZIP CODE <u>97601</u>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
17. FATHER - NAME first middle last <u>Herbert W. Hafar</u>			18. MOTHER - NAME first middle maiden <u>Ruth - Moulton</u>		19. INFORMANT - NAME and relationship to decedent <u>Marian - Hafar Spouse</u>			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Klamath Memorial Park</u>		20c. LOCATION - City or Town, State <u>Klamath Falls, Oregon</u>			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Mari O'Hair</u>			21b. LICENSE NUMBER (D. License) <u>3287</u>		22. NAME, ADDRESS AND ZIP OF FACILITY <u>O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601</u>			
23. DATE FILED (Month, Day, Year) <u>FEB 01 1991</u>			24. REGISTRAR'S SIGNATURE <u>Selma Colvin</u>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER								
27. TIME OF DEATH <u>9:38A M</u>				28. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>M</u>				
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>John C. Ordal</u> M.D.				30. DATE SIGNED (Month, Day, Year) <u>11-30-91</u>				
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>John C. Ordal, M.D. 691 Murphy Road, Suite # 217, Medford, Oregon 97504</u>				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)				
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				34. DATE SIGNED (Month, Day, Year) COUNTY				
35. 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.)								
PART I (a) <u>Streptococcus pneumoniae infection</u>								
DUE TO, OR AS A CONSEQUENCE OF:								
(b) DUE TO, OR AS A CONSEQUENCE OF:								
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>Previous splenectomy CHF</u>								
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide				41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY <u>M</u>		
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				41d. DESCRIBE HOW INJURY OCCURRED				
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
RESERVED FOR REGISTRAR'S USE								

ORIGINAL - VITAL STATISTICS COPY

452 REV 1-89

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

DATE ISSUED FEB 01 1991HENRY COLLINS, JR.  
COUNTY REGISTRAR  
JACKSON COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 1st day of June A.D., 19 91 at 10:44 o'clock A M., and duly recorded in Vol. M91 of Deeds on Page 12554.

FEE \$8.00

Return: ATC

Evelyn Biehn - County Clerk

By Deanne Mullen