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K 148098

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

094142 I.D. TAG NO.

462 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- 93-020057 State File Number

08-17-95P03:39 RCVD

1. DECEDENT'S NAME: First: Archie	Middle: William	Last: HUFF	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): September 29, 1993	
4. SOCIAL SECURITY NUMBER: 543-03-3751	5a. AGE Last Birthday (Years): 74	5b. Under 1 Year: Mos / Days	5c. Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Swan Lake, OR	7. DATE OF BIRTH (Month, Day, Year): October 13, 1918
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): Merle West Medical Center	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.): PoliceChief	10b. KIND OF BUSINESS/INDUSTRY: Law Enforcement	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	12. SPOUSE (If Married, Widowed): Caroline King Huff		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN OR LOCATION: Klamath Falls	13d. STREET AND NUMBER: 645 Alameda Avenue		
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 97601	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:	15. RACE American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 / College (1-4 or 5+):	
17. FATHER - NAME first middle last: Martin W. Huff	18. MOTHER - NAME first middle maiden: Anna - Schmor	19. INFORMANT - NAME and relationship to deceased: Caroline Huff Spouse			
20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Cremation Service	20c. LOCATION - City or Town, State: Klamath Falls, OR			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael Oh	21b. LICENSE NUMBER (Of Licensee): 473297	22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, OR 97601			
23. DATE FILED (Month, Day, Year): OCT 01 1993		24. REGISTRAR'S SIGNATURE: Charlene Barcus			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☒ NO ☐ N/A		26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A			

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 9:15 P.M. M — 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)

30. DATE SIGNED (Month, Day, Year): 9-30-93

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: M — 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):

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. DATE SIGNED (Month, Day, Year) — COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Thomas J. Etges M.D. 1905 Main Street, Klamath Falls, OR 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.

PART I
(a) Small Bowel Infarction 2° to Superior mesenteric artery thrombosis — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b) Atherosclerotic heart disease — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(c) — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I: Ischaemic cardiomyopathy/CHF/COPD Bronchiolitis obliterans

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☒ Yes ☐ Probably ☐ No ☐ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		M	☐ Yes ☐ No	

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

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED AUG 08 1995

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Klamath County Title Company the 17th day of August A.D., 19 95 at 3:39 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 21954.

Bernetha G. Letsch, County Clerk

FEE $10.00 By Bernetha Mills