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CENTER FOR HEALTH STATISTICS

'96 JUL 15 P2:01

TYPE OR PRINT IN PERMANENT BLACK INK

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

079609 I.D. TAQ NO.
361 Local File Number
136
91-018890 State File Number

1. DECEDENT'S NAME: First Homer; Middle G.; Last FAULKNER
2. SEX: M
3. DATE OF DEATH: October 4, 1991
4. SOCIAL SECURITY NUMBER: 309-16-7034
5a. AGE-Last Birthday: 70
5b. Under 1 Year
5c. Under 1 Day
6. BIRTHPLACE: Bennington, OK
7. DATE OF BIRTH: November 20, 1920
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
8b. PLACE OF DEATH: Hospital - Inpatient
9a. FACILITY NAME: Merle West Medical Center
9b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
9c. COUNTY OF DEATH: Klamath
10a. DECEDENT'S USUAL OCCUPATION: District Ranger
10b. KIND OF BUSINESS/INDUSTRY: Forest Service
11. MARITAL STATUS: Married
12. SPOUSE: Eileen Faulkner
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Klamath
13c. CITY, TOWN OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 2238 Lindley Way
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 97601
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: White
16. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 8; College (1-4 or 5+): 4
17. FATHER - NAME: Charles Faulkner
18. MOTHER - NAME: Ethel Lucas
19. INFORMANT, NAME AND RELATIONSHIP TO DECEDENT: Eileen Faulkner Spouse
20a. METHOD OF DISPOSITION: Burial
20b. PLACE OF DISPOSITION: Klamath Memorial Park
20c. LOCATION - City or Town, State: Klamath Falls, Oregon
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James N Figge
21b. LICENSE NUMBER: 49-1275
22. NAME, ADDRESS AND ZIP OF FACILITY: O'Hair's Funeral Chapel 515 Pine ST. Klamath Falls, OR 97601
23. DATE FILED: OCT 4 1991
24. REGISTRAR'S SIGNATURE: Nancy Kennedy
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDERATION? No
26. WAS GIFT MADE? No

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 4:00 AM
28. WAS MEDICAL EXAMINER NOTIFIED? 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): Glenn Gallis MD M.D.
30. DATE SIGNED: 10/4/91

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD
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
COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER: Glenn G. Gallis M.D. 1905 Main Street Klamath Falls, Oregon 97601
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 36a, 36b, AND 36c) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I
36a. RESPIRATORY FAILURE (EMPHYSEMA.) — Interval between onset and death: YEARS
DUE TO, OR AS A CONSEQUENCE OF:
36b. — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
36c. — Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.
37. Did tobacco use contribute to the death? Yes
38. AUTOPSY: No
39. If YES were findings considered in determining cause of death? No

40. MANNER OF DEATH: Natural
41a. DATE OF INJURY
41b. TIME OF INJURY
41c. INJURY AT WORK? No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office bldg. etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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: JUN 11 1996

EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mark Davenport the 15th day of July A.D., 1996 at 2:01 o'clock PM., and duly recorded in Vol. M96, of Deeds on Page 20928.

FEE $10.00

Return: Mark Davenport
6420 South 6th Street
Klamath Falls, Oregon 97603

By Bernetha G. Letsch, County Clerk