CERTIFICATION OF VITAL RECORD

97 AUG -5 AM 9:56

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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B-3845 — ID TAG NO.

341 — Local File Number

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

CERTIFICATE OF DEATH

87-016146 — State File Number

1 DECEASED — NAME: First EUGENE; Middle FRED; Last BOTTERBUSCH

2 DATE OF DEATH (month, day, year): September 06, 1987

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Male

5a AGE — Last birthday (years): 68

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): August 27, 1919

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): 430 Adams Street

7c IF HOSP OR INST: Indicate DOA or Emer. Rm., Inpatient (specify)

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Illinois

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED, OR DIVORCED — GIVEN NAME): Gwen

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): Yes

13 SOCIAL SECURITY NUMBER: 550 - 16 - 3981

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Composing Room Foreman

14b KIND OF BUSINESS OR INDUSTRY: 633-171 Newspaper

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D.: 430 Adams St.

ZIP: 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER — NAME (first, middle, last): Fred Louis Botterbusch

17 MOTHER — (first, middle, last) (Maiden Name): Ruth Marguerite Meredith

18 INFORMANT — NAME and relationship to deceased: Gwen Botterbusch / Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation

19b CEMETERY OR CREMATORY — NAME: Eternal Hills Memorial Gardens

19c LOCATION — city or town, state: Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): [signature]

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Ore. - 97601

20c To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

DATE SIGNED (Mo., Day, Year): 9-8-87

HOUR OF DEATH: 3:00 P M

21a (Signature): Kenneth Magee

21b NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Kenneth K. Magee, MD / 1900 Main / Klamath Falls, Oregon / 97601

21c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

21d

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): SEP 8 1987

22b REGISTRAR (Signature): Michelle Batiff

PART I

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

(a) Respiratory arrest — Interval between onset and death: minutes

DUE TO, OR AS A CONSEQUENCE OF

(b) Severe liver Failure — Interval between onset and death: Years

DUE TO, OR AS A CONSEQUENCE OF

(c) Lymphoma Cirrhosis — Interval between onset and death: Years

PART II — OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).

Pneumonia Cytomegalo

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Year)

26c HOUR OF INJURY

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N.A ☐

WAS GIFT MADE? YES ☐ NO ☐ N.A ☐

RESERVED FOR REGISTRAR'S USE

as 2 Rev 6-86

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.

EDWARD J. JOHNSON II
STATE REGISTRAR

DATE ISSUED: JUL 23 1997

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 5th day of August A.D., 19 97 at 11:52 o'clock A. M., and duly recorded in Vol. M97, of Deeds on Page 25448.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Bethlum Knox