523

RETURN TO:
R. K. MALONE
c/o THE TEXAS COMPANY
929 SOUTH BROADWAY
LOS ANGELES 15, CALIFORNIA

STATE OF CALIFORNIA
COUNTY OF Los Angeles } ss.

(Corporation)

On December 20, 1955 before me, the undersigned, a Notary Public in and for said County and State, personally appeared I.G. Morgan known to me to be the Asst. Territorial Manager, and E.B. Liles known to me to be the Asst. Secretary of the Corporation that executed the within Instrument, known to me to be the persons who executed the within Instrument on behalf of the Corporation therein named, and acknowledged to me that such Corporation executed the within Instrument pursuant to its by-laws or a resolution of its board of directors.

WITNESS my hand and official seal.

(Seal) [signature]
Notary Public in and for said County and State.
My Commission Expires Aug. 2, 1959

STATE OF OREGON, } ss
County of Klamath }

Filed for record at request of The Texas Co.
on this 2 day of Feb A.D. 19 56
at 1:35 o'clock P. M. and duly
recorded in Vol. 280 of Deeds
Page 522

CHAS. F. DE LAP, County Clerk
By [signature] Deputy
Fee 1.50 7

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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 25
STATE FILE NO.
DATE RECEIVED

1. NAME OF DECEASED (TYPE OR PRINT) a. (First) John b. (Middle) William c. (Last) Downing

2. PLACE OF DEATH a. COUNTY Klamath
b. CITY OR TOWN Klamath Falls
c. LENGTH OF STAY (in this place) 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION Hillside Hospital

3. USUAL RESIDENCE a. STATE Oregon b. COUNTY Klamath
c. CITY OR TOWN Klamath Falls
d. STREET ADDRESS 1621 Arthur

4. DATE OF DEATH Jan. 26, 1956
5. SEX Male
6. COLOR OR RACE White
7a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
7b. NAME OF HUSBAND OR WIFE Cecilia

8. DATE OF BIRTH Sept. 9, 1894
9. AGE (In years last birthday) 61
10. BIRTHPLACE Barnsley, England
11. CITIZEN OF WHAT COUNTRY? USA

12. FATHER'S NAME Albert Downing
13. MOTHER'S MAIDEN NAME Maria Catherine Cornwall

14a. USUAL OCCUPATION Machinist
14b. KIND OF BUSINESS OR INDUSTRY Timber company
15. IF VETERAN, NAME WAR no
16. INFORMANT'S OWN SIGNATURE Celia Downing

17. SOCIAL SECURITY NO. no record

18. CAUSE OF DEATH — MEDICAL CERTIFICATION (Enter only one cause per line for (a), (b), and (c))

	Cause	Interval between onset and death
I. Disease or condition directly leading to death (a)	Myocardial infarct	10 hours
Antecedent causes — Due to (b)	Coronary thrombosis	10 hours
Due to (c)	Coronary Arteriosclerosis	years
II. Other significant conditions	none	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 1951 TO 26 Jan. 1956 THAT I LAST SAW THE DECEASED ALIVE ON 26 Jan. 1956 AND THAT DEATH OCCURRED AT 9:45p M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23a. SIGNATURE R. L. Currin, M.D.
23b. ADDRESS Klamath Falls, Oregon
23c. DATE SIGNED 1-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-30-56
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary cemetery
24d. LOCATION Klamath Falls, Oregon

DATE REC'D BY LOCAL REG. 1-30-56
REGISTRAR'S SIGNATURE Nancy Antle
25. FUNERAL DIRECTOR'S SIGNATURE W. W. Ward
ADDRESS Klamath Falls, Oregon

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.

[SEAL] OREGON

S. M. Kerron, M.D.
Registrar of Vital Statistics

By Nancy Antle
Deputy

Date January 30, 1956

VS-16

VOID IF ALTERED