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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 175		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Ward	Middle Elwin
		Last Arnold	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls	
C. LENGTH OF STAY IN 2B 30 years		D. STREET ADDRESS, RURAL ROUTE, ETC. 4045 Frieda	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Klamath Valley Hospital			
4. DATE OF DEATH Month June Day 25 Year 1965	5. SEX Male	6. COLOR OR RACE White	7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
8. SOCIAL SECURITY NO. 541-00-8827	9. USUAL OCCUPATION (Kind of work done during most of life) Mechanic	10. KIND OF BUSINESS OR INDUSTRY Retired	11. NAME OF SPOUSE Janice Arnold
12. DATE OF BIRTH Month September Day 4 Year 1902	13. AGE LAST BIRTHDAY Years 62	14. BIRTHPLACE (State or Foreign Country) <input checked="" type="checkbox"/> U. S. Kingston, Michigan <input type="checkbox"/> Foreign Country Name of Country	
15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country		16. IF DECEASED WAS A VETERAN, WHAT WAR?	
17. NAME OF FATHER Elmer Arnold		18. MAIDEN NAME OF MOTHER Jessie Lockyear	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Janice Arnold - wife			
20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cardiac arrest Interval Between Onset and Death (Years, days, hours, etc.) minutes DUE TO (B): Myocardial Infarction minutes DUE TO (C): Severe emphysema years PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): 21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 23. WAS DEATH RESULT OF: <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide 24. IF ACCIDENT, DID INJURY OCCUR: <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work 25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) 25B. City County State 26. TIME OF INJURY Hour 6:24 Minute 65 27. DESCRIBE HOW INJURY OCCURRED. 28. CERTIFICATE: I certify that I attended the deceased from or on 6/24/65 to 6/25/65 and that the death occurred at 2:00 p.m. from the cause and on the date stated above. D. T. Matthews, M.D. Klamath Falls, Oregon 6/26/65 (Signature) (Title) (Address) (Date Signed) 29. RESERVED FOR REGISTRAR'S USE 30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other 30B. DATE 6/29/65 30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park 30D. LOCATION (City or Town) State Klamath Falls, Oregon 31. DATE RECEIVED BY 6-29-65 32. REGISTRAR'S SIGNATURE Marian Ackerman 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Leif Poverud Klamath Falls, Ore.			

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)

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

By Marian Ackerman
Deputy
Date June 23, 1965

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Janice Arnold

This 16 day of July A.D. 19 65 at 6:00 o'clock P.M. and

duly recorded in Vol. 1-11, of 1965

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DOROTHY ROGERS, County Clerk
By Leif Poverud