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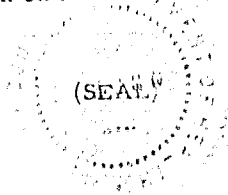
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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 110		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last Mildred L. Cooper		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls C. LENGTH OF STAY IN 2B 20 yrs		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC. 1962 Nelrose	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Klamath Valley Hospital		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
4. DATE OF DEATH Month Day Year April 20, 1965		5. SEX Female	
6. COLOR OR RACE Cau.		10. KIND OF BUSINESS OR INDUSTRY Housewife	
8. SOCIAL SECURITY NO. 540 30 8116		11. NAME OF SPOUSE Miller B. Cooper	
12. DATE OF BIRTH Month Day Year Dec. 23 1910		13. AGE LAST BIRTHDAY Yrs. 54	
14. BIRTHPLACE (State or Foreign Country) Ashland, Oregon		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country	
17. NAME OF FATHER Marshall Barber		18. MAIDEN NAME OF MOTHER Mable Hancock	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cerebral vascular accident		Interval between onset and death (Years, days, hours, etc.): 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): DUE TO (C):		21. If deceased was female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): Diabetes mellitus		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 <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		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 Minute P. M.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I (attended) <u>the deceased from or on</u> 4-20-65 <u>to</u> 4-20-65 <u>and that the death occurred at</u> 3:30 AM <u>from the causes and on the date stated above.</u> Apr 20 1965 <u>Signature</u> Everett B. Howard, M.D. <u>Address</u> 613 Medical Dental Bldg., Klamath Falls, Oregon			
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 4/22/65	
31. DATE RECEIVED BY LOCAL REGISTRAR 4-20-65		32. REGISTRAR'S SIGNATURE Marian Ackermann	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Keith O'Hair 515 Pine Klamath Falls		30c. NAME OF CEMETERY OR CEMETERY Eternal Hills Mem. Gnd. 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.S. M. Kerron, M.D.
Registrar Vital StatisticsBy Marian Ackermann
Deputy
Date **April 21, 1965**

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; SE

Filed for record at request of **Dr. M. E. Cooper**
this **10** day of **Aug** at **A. D. 1965** at **11:20** clock **A. M.** and
duly recorded in Vol. **M-65**, of **Deeds** at Page **731**
DOROTHY ROGERS, County Clerk

Fee \$1.50

By Jane M. Mearns