OREGON STATE BOARD OF HEALTH 4528
VITAL STATISTICS SECTION Vol M-66 Page 1960

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 332

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First RAY; Middle V.; Last CHASE

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 53 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presbyterian Intercommunity Hosp.

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Fort Klamath
D. STREET ADDRESS, RURAL ROUTE, ETC.: No numbers - P.O. Box # 451

4. DATE OF DEATH: Month November; Day 13; Year 1965
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 543-10-0038
9. USUAL OCCUPATION (Kind of work done during most of life): Gen. Mgr. retired
10. KIND OF BUSINESS OR INDUSTRY: Willow Ranch Lumber Co.
11. NAME OF SPOUSE: Ethel L. Chase
12. DATE OF BIRTH: Month October; Day 24; Year 1891
13. AGE LAST BIRTHDAY: 74 Yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HOURS: Hours; Minutes
14. BIRTHPLACE (State or Foreign Country): Keno, Oregon
15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?
17. NAME OF FATHER: George L. Chase
18. MAIDEN NAME OF MOTHER: Anna Little
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Ethel L. Chase (Wife)

MEDICAL CERTIFICATION

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 Hemorrhage — Interval between Onset and Death (Years, days, hours, etc.): 48 hr
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last: DUE TO (B): C.V.R. - hypertension, myocarditis — 10 yr
DUE TO (C): Arteriosclerosis
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? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No
23. WAS DEATH: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City; County; State
26. TIME OF INJURY: Hour ..... a.m. ..... p.m.; Month; Day; Year
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I Certify that I (attended) the deceased from 6-17-59 (date) to 11-13-65 (date) and that the death occurred at 5:12p m. from the causes and on the date stated above.
➤ M. B. Robinson, M.D. (Signature) (Title) Klamath Falls, Oregon (Address) 11-15-65 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 11/17/65
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 11-16-65
32. REGISTRAR'S SIGNATURE: ➤ Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ➤ Wm P. Kendall 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)

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

By Marian Ackerman Deputy

Date November 17, 1965

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Dick Smith

this 10th day of March A.D. 19 66 at 1:25 o'clock PM., and duly recorded in Vol. M-66, of Deeds on Page 1960

DOROTHY ROGERS, County Clerk

Fee $1.50

By Dolores Lavis

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