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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 5-61

STATE FILE NO. 345

DATE RECEIVED FEB 10 '61

1. NAME OF DECEASED (Type or print all entries in black ink): Clyde Olson

2. PLACE OF DEATH
A. COUNTY: Lake
B. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION: Weyehaeuser Camp 9 X
C. LENGTH OF STAY IN 2B: 1 wk
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Weyehaeuser Camp 9

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION: Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 1452 McClellan Drive

4. DATE OF DEATH (Month Day Year): January 27, 1961

5. SEX: male

6. COLOR OR RACE: white

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 560-05-2013

9. USUAL OCCUPATION (Kind of work done during most of life): timber faller

10. KIND OF BUSINESS OR INDUSTRY: Weyehaeuser Timber Co

11. NAME OF SPOUSE: Maxine Olson

12. DATE OF BIRTH (Month Day Year): January 19, 1913

13. AGE LAST BIRTHDAY (Yrs.): 48 — IF UNDER 1 YEAR (Months, Days): — IF UNDER 24 HOURS (Hours, Minutes):

14. BIRTHPLACE (State or Foreign Country): Grants Pass, Oregon

15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country — Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR?: no

17. NAME OF FATHER: Henry Olson

18. MAIDEN NAME OF MOTHER: Grace Robinson

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Maxine Olson, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))

	Cause	Interval Between Onset and Death (Years, days, hours, etc.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Probable Ventricular Fibrillation due to	seconds
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last. DUE TO (B)	Myocardial Ischemia due to	minutes-hours
DUE TO (C)	Coronary insufficiency	" "

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 ☐ No

23. WAS DEATH RESULT OF: ☐ 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, Month, Day, Year) ..... a.m. ..... p.m.

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I attended / investigated the death of the deceased from or on 1/27/61 & 1/28/61 (date) and that the death occurred at ..... m. from the causes and on the date stated above.

George R. Nicholson, M.D. (Signature) (Title) — Klamath Falls, Ore (Address) — 1/30/61 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 420.1

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other

30B. DATE: 1/31/61

30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park

30D. LOCATION (City or Town) State: Klamath Falls, Ore

31. DATE RECEIVED BY LOCAL REGISTRAR: 2-1-61

32. REGISTRAR'S SIGNATURE: Betty Elliott, Deputy

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ward Hair, Klamath Falls, Oregon

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CERTIFIED COPY 1983

STATE OF OREGON)
) ss
County of Multnomah)

ISSUED JUN 2 6 1963

THIS IS TO CERTIFY THAT THIS IS A REPRODUCTION OF THE ORIGINAL RECORD ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE **BOARD OF HEALTH.**

Marion R. Morton

STATE REGISTRAR

By Direction of
RICHARD H. WILCOX, M.D.
State Health Officer

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Klamath Co. Title Co.

this 10th day of March A.D. 19 66 at 4:20 o'clock P.M., and

duly recorded in Vol. M-66, of Deeds on Page 1983

DOROTHY ROGERS, County Clerk

Fee $1.50 By Dolores Sauvie

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Return to
Klamath County Title Co.
P.O. Box 151
Klamath Falls, Oregon 97601