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CERTIFIED COPY

Vol M-66 Page 2384

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 60

STATE FILE NO.

DATE RECEIVED FEB 21 1966

3/16/66

MARGIN RESERVED FOR BINDING
WRITE CLEARLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink)	First	Middle	Last
	EDITH	PEARL	ANDERSON

2. PLACE OF DEATH		3. USUAL RESIDENCE (If institution, give residence before admission)	
A. COUNTY	Klamath	A. STATE	Oregon
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify)	Klamath Falls	B. COUNTY	Klamath
C. LENGTH OF STAY IN 2B	40 years	C. CITY, TOWN OR LOCATION	Klamath Falls
D. NAME OF HOSPITAL (If not in hospital, give street address) OR	Presbyterian Intercommunity Hospital	D. STREET ADDRESS, RURAL ROUTE, ETC.	5738 South 6th Street

4. DATE OF DEATH (Month, Day, Year)	5. SEX	6. COLOR OR RACE	7. MARITAL STATUS
February 14 1966	Female	White	[X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.	9. USUAL OCCUPATION (Kind of work done during most of life)	10. KIND OF BUSINESS OR INDUSTRY	11. NAME OF SPOUSE
—	Housewife	At Home	Carl Anderson

12. DATE OF BIRTH (Month, Day, Year)	13. AGE LAST BIRTHDAY	IF UNDER 1 YEAR		IF UNDER 24 HOURS	
		Months	Days	Hours	Minutes
October 19 1881	84 Yrs.				

14. BIRTHPLACE (State or Foreign Country)	15. WAS DECEASED A CITIZEN OF	16. DECEASED WAS A VETERAN, WHAT WAR?
Cincinnati, Ohio	[X] U. S. [ ] Foreign Country — Name of Country	—

17. NAME OF FATHER	18. MAIDEN NAME OF MOTHER	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED
Willis Daugherty	Nancy Moore	Carl Anderson (Husband)

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): Coronary Occlusion — Interval Between Onset and Death (Years, days, hours, etc.): 5 Min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): ; DUE TO (C): ;

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Hypertension Arteriosclerosis

21. If deceased Was Female, was there a pregnancy in the past 12 months? [ ] Yes [X] No [ ] Unknown

22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide

24. IF ACCIDENT, OR 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

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) the deceased from or on April 11 1955 (date) to 2-14-1966 (date) and that the death occurred at 2:45a. from the causes and on the date stated above.

William H. Hoffard Jr M.D. Klamath Falls, Oregon 2-14-66
(Signature) (Title) (Address) (Date Signed)

29. RESERVED FOR REGISTRAR'S USE 420.1

30A. DECEASED WILL BE	30B. DATE	30C. NAME OF CREMATORY OR CEMETERY	30D. LOCATION (City or Town) State
[X] Buried [ ] Cremated [ ] Removed [ ] Other	2/17/66	Eternal Hills	Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR	32. REGISTRAR'S SIGNATURE	33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
2-15-66	Marian Lehman	[illegible] Klamath Falls, Oregon

NOT VOID IF ALTERED UNLESS PREPARED ON OFFICIAL CERTIFIED COPY PAPER

STATE OF OREGON } ss
County of Multnomah }

DATE ISSUED MAR 17 1966

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

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

STATE REGISTRAR

VS-112 9/65

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Marshall C. Anderson

this 21 day of March A. D. 1966 at 10:30 o'clock A M., and duly recorded in Vol. M-66, of Deeds on Page 2384

DOROTHY ROGERS, County Clerk

By Carolyn Rucker

1.50