4994 CERTIFIED COPY M-66-2656

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 15551

LOCAL REGISTRAR'S NUMBER 331

DATE RECEIVED JAN 5 '62

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY AND FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or print all entries in black ink) — First: FORREST; Middle: WILLIAM; Last: HIGGINS

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: 26 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 4625 Denver Avenue

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): Klamath Falls X
D. STREET ADDRESS, RURAL ROUTE, ETC.: 4625 Denver Avenue

4. DATE OF DEATH (Month, Day, Year): December 15 1961
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 532-07-4264
9. USUAL OCCUPATION (Kind of work done during most of life): Retired—concrete man
10. KIND OF BUSINESS OR INDUSTRY: Construction Co.
11. NAME OF SPOUSE: Sadie K. Higgins
12. DATE OF BIRTH (Month, Day, Year): September 17 1891
13. AGE LAST BIRTHDAY: 70 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Kelso, Washington
15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, (WHAT WAR): W.W.#1
17. NAME OF FATHER: Silas A. Higgins
18. MAIDEN NAME OF MOTHER: Minnie Dunten
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Sadie Higgins Wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) — Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cancer of lung — 6 months
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):

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, S/D 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) (investigated the death of the deceased from or on 12-15-61 (date) to 12-15-61 (date) and that the death occurred at 11:30a.m. from the causes and on the date stated above.
Everett L. Howard (Signature) — (Title) — M.D., Klamath Falls, Oregon (Address) — 12-16-61 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 163X

30A. DECEASED WILL BE: ☐ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 12/18/61
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) / State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 12-18-61
32. REGISTRAR'S SIGNATURE: Marion Robertson
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward Klamath Falls, Oregon

IS NOT AN OFFICIAL DOCUMENT IF ALTERED) PREPARED BY SAFETY VOID UNLESS CERTIFIED

VS-112 9/65

STATE OF OREGON)
County of Multnomah) ss

DATE ISSUED MAR 23 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. WILCOX, M.D.
State Health Officer

Marion M. Morton
STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Sadie Higgins

this 28 day of March A. D. 19 66 at 12:40 o'clock P M., and

duly recorded in Vol. M-66, of Deeds on Page 2656

DOROTHY ROGERS, County Clerk

Fee 1.50

By Marilyn Beeler