

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 101		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last Melzer Dexter		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 28 OR 25 YRS		5. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC. 2307 Orchard	
4. DATE OF DEATH Month Day Year March 21 1966		6. COLOR OR RACE Cau.	7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
8. SOCIAL SECURITY NO. 540 12 9132	9. USUAL OCCUPATION (Kind of work done during most of life) Retired carpenter	10. KIND OF BUSINESS Construction	11. NAME OF SPOUSE Myrtle Dexter
12. DATE OF BIRTH Month Day Year May 22 1872	13. AGE LAST BIRTHDAY Yrs. Months Days 93	14. BIRTHPLACE (State or Foreign Country) Trenton, Missouri	
15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country		16. IF DECEASED WAS A VETERAN, WHAT WAR? No	
17. NAME OF FATHER No record		18. MAIDEN NAME OF MOTHER No record	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Marlan Dexter son		Interval Between Onset and Death (Years, days, hours, etc.) 3 mos	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: Myocarditis with cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (B): Nephritis 6 mos DUE TO (C): Arteriosclerosis 10 yrs			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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"/> Other	
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 (initials and date) the deceased from or on January 19 54 to 3/21/66 and that the death occurred at 12:50 AM from the causes and on the date stated above. M. E. Robinson, M.D. 425 Pine St. Klamath Falls, Ore 3/21/66 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other		30B. DATE 3/23/66	
30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park		30D. LOCATION (City or Town) State Klamath Falls, Ore	
31. DATE RECEIVED BY LOCAL REGISTRAR 3-21-66		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair 515 Pine, Klamath Falls, Ore		O'Hair's	

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 March 22, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss:

Filed for record at request of Robert Puckett

this 25 day of April 1966 9:31 o'clock A.M., and

duly recorded in Vol. M-66, of Deeds of Page 3616

Fee \$1.50

LORENZ ROELIG, County Clerk

By *Jane Meier*