

**CERTIFIED COPY OF DEATH RECORD**

LOCAL REGISTRAR'S NUMBER 101		STATE FILE NO.	
DATE RECEIVED		DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last	
Melzer		Dexter	
2. PLACE OF DEATH A. COUNTY		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE B. COUNTY	
Klamath		Oregon Klamath	
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify)		C. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify)	
Klamath Falls		Klamath Falls	
C. LENGTH OF STAY IN 28 OR		D. STREET ADDRESS, RURAL ROUTE, ETC.	
25 YRS		2307 Orchard	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		Ponderosa Nursing Home	
4. DATE OF DEATH		5. SEX	
Month Day Year		Male	
March 21 1966		6. COLOR OR RACE	
		Cau.	
8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION (Kind of work done during most of life)	
540 12 9132		Retired carpenter	
		10. KIND OF BUSINESS OR INDUSTRY	
		Construction	
		11. NAME OF SPOUSE	
		Myrtle Dexter	
12. DATE OF BIRTH		13. AGE LAST BIRTHDAY	
Month Day Year		Yrs. Months Days	
May 22 1872		93	
14. BIRTHPLACE (State or Foreign Country)		15. WAS DECEASED A CITIZEN OF	
Trenton, Missouri		<input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country	
17. NAME OF FATHER		18. MAIDEN NAME OF MOTHER	
No record		No record	
		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	
		Harlan Dexter son	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):		Interval Between Onset and Death (Years, days, hours, etc.)	
Myocarditis with cardiac failure		3 mos	
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 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		24. IF ACCIDENT, DID INJURY OCCUR	
<input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		<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	
		25. City County State	
26. TIME OF INJURY		27. DESCRIBE HOW INJURY OCCURRED.	
Hour Month Day Year			
P. M.			
28. CERTIFICATE: I certify that I attended the deceased from or on January 19 54 to 3/21/66 and that the death occurred 12:50AM from the causes and on the date stated above.			
M. E. Robison, M.D. 425 Pine St. Klamath Falls, Ore		3/21/66	
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Reinterred <input type="checkbox"/> Other		30B. DATE 3/23/66	
30C. NAME OF CREMATORY OR CEMETERY		30D. LOCATION (City or Town) State	
Klamath Memorial Park		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	
		O'Hair's Mike O'Hair 515 Pine, Klamath Falls, Ore	

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 Page 3616

Fee \$1.50

LOREN J. ROOLDS, County Clerk

By *Jane Meier*