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OREGON STATE BOARD OF HEALTH Vol. M66 Page 3747
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 143 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink)	First	Middle	Last
	Harley	L.	Inman

2. PLACE OF DEATH	3. USUAL RESIDENCE (If institution, give residence before admission)
A. COUNTY: Klamath	A. STATE: Oregon B. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls C. LENGTH OF STAY IN 2B: 12 yrs.	C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presby. Intercom. Hosp.	D. STREET ADDRESS, RURAL ROUTE, ETC.: 2028 Hope St.

4. DATE OF DEATH (Month, Day, Year)	5. SEX	6. COLOR OR RACE	7. MARITAL STATUS
April 20, 1966	Male	Cau.	☒ 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
700 09 4076	SPRR	Southern Pacific R.R.	Evelyn Inman

12. DATE OF BIRTH (Month, Day, Year)	13. AGE LAST BIRTHDAY (Yrs.)	IF UNDER 1 YEAR (Months / Days)	IF UNDER 24 HOURS (Hours / Minutes)
July 26, 1904	61		

14. BIRTHPLACE (State or Foreign Country)	15. WAS DECEASED A CITIZEN OF	16. IF DECEASED WAS A VETERAN, WHAT WAR?
Talent, Oregon	☒ U. S. ☐ Foreign Country — Name of Country	No

17. NAME OF FATHER	18. MAIDEN NAME OF MOTHER	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED
Isaac Inman	Jenny McCormick	Evelyn Inman, widow

MEDICAL CERTIFICATION

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

PART I: DEATH WAS CAUSED BY:		Interval Between Onset and Death (Years, days, hours, etc.)
IMMEDIATE CAUSE (A):	Massive Coronary with Ruptured lt Ventricular	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):	with Myocardium with Cardiac Tamponade	1 hr
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):	Diabetes	

21. If deceased was Female, was there a pregnancy in the past 12 months?	22. Was an Autopsy performed?
☐ Yes ☐ No ☐ Unknown	☒ Yes ☐ No

23. WAS DEATH RESULT OF	24. IF ACCIDENT, DID INJURY OCCUR	25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	25B. City / County / State
☐ Accident ☐ Suicide ☐ Homicide	☐ At Work ☐ Not At Work		

26. TIME OF INJURY (Hour, Month, Day, Year)	27. DESCRIBE HOW INJURY OCCURRED.
..... a. m. ..... p. m.	

28. CERTIFICATE: I Certify that I (attended) (investigated the death of) the deceased from or on April 20, 1966 (date) to ..... (date) and that the death occurred at 4:35p m. from the causes and on the date stated above.

> J. Martin Adams, M.D. (Signature) Ass't Med. Inv. (Title) Klamath Falls, Oregon (Address) 4-22-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE	30B. DATE	30C. NAME OF CREMATORY OR CEMETERY	30D. LOCATION (City or Town) State
☒ Buried ☐ Cremated ☐ Removed ☐ Other	4/23/66	Keno Cem.	Keno, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR	32. REGISTRAR'S SIGNATURE	33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
4-22-66	> Marian Ackerman	> O'Hair's Memorial Chapel 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 April 26, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. Evelyn Inman

this 27 day of April 1966 12:16 o'clock pM., and

duly recorded in Vol. M-66, of Deeds on Page 3747

DOROTHY ROGERS, County Clerk

Fee 1.50 paid

By Lorene M. Kanton

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