

5956
OREGON STATE BOARD OF HEALTH Vol. M-66 Page 4022
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 138		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) DR. MERLE HARRIS SWANSEN		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) LOCATION Klamath Falls C. LENGTH OF STAY IN 2B OR LOCATION 58 years D. NAME OF HOSPITAL (If not in hospital, give street address) OR Institution Presbyterian Intercommunity Hospital Rt. # 3 - Box 1309		4. DATE OF DEATH April 15 1966 5. SEX Male 6. COLOR OR RACE White 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. 543-10-3786	9. USUAL OCCUPATION (Kind of work done during most of life) Physician	10. KIND OF BUSINESS OR INDUSTRY Self	11. NAME OF SPOUSE Mildred Swansen
12. DATE OF BIRTH January 23 1908	13. AGE LAST BIRTHDAY 58	14. BIRTHPLACE (State or Foreign Country) <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country Klamath Falls, Oregon	
15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country Klamath Falls, Oregon	16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. # 2	17. NAME OF FATHER James Edward Swansen	
18. MAIDEN NAME OF MOTHER Alice Mabel Halvorsen	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Mildred Swansen (Wife)	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.) 13 days DUE TO (B): Congestive Failure 2 months DUE TO (C): Hypertensive Heart Disease 20 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 <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	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 Month Day Year a. m. p. m.			
27. DESCRIBE HOW INJURY OCCURRED.			
28. CERTIFICATE: I certify that I attended (Type or print name of deceased) the deceased from or on April 6, 1966, to April 15, 1966, and that the death occurred at 9:30a m. from the causes and on the date stated above. John D. Merryman, M.D. Klamath Falls, Oregon 4/16/66 (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"/> Removed <input type="checkbox"/> Other	30B. DATE 4/18/66	30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park	30D. LOCATION (City or Town) State Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 4-18-66	32. REGISTRAR'S SIGNATURE Marian Ackerman	33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm P. Kendall Klamath Falls, Oregon	

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 May 3, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH; ss:

Filed for record at request of Mildred Swansen
this 4 day of May A.D. 1966 at 8:51 A. M., and
duly recorded in Vol. M-66 of Deeds on Page 4022
Fee \$1.50
DOROTHY ROGERS, County Clerk
By *Janet Kerron*