

6090 CERTIFIED COPY

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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH 4042

LOCAL REGISTRAR'S NUMBER 1331		STATE FILE NO. 4042	
DATE RECEIVED APR 12 1966			
1. NAME OF DECEASED First Middle Last Goldie May Matson			
2. PLACE OF DEATH A. COUNTY Multnomah		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, OR LOCATION Portland		C. CITY, TOWN, OR LOCATION Klamath Falls	
C. LENGTH OF STAY IN 2B 45 Days		D. STREET ADDRESS, RURAL ROUTE, ETC. 2100 Hope St.	
D. NAME OF HOSPITAL, OR INSTITUTION Medical School Hospital			
4. DATE OF DEATH Month Day Year March 22, 1965		5. SEX Female	
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. -		9. USUAL OCCUPATION (Kind of work done during most of life) Housewife	
10. KIND OF BUSINESS OR INDUSTRY At Home		11. NAME OF SPOUSE William Matson	
12. DATE OF BIRTH Month Day Year November 22, 1905		13. AGE LAST BIRTHDAY 59	
14. BIRTHPLACE (State or Foreign Country) Virginia		15. WAS DECEASED A CITIZEN OF U.S. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16. NAME OF FATHER Joseph Worrell		17. MAIDEN NAME OF MOTHER Irene Pike Higgenbotham	
18. NAME OF DECEASED'S HUSBAN William M. Matson		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Ruptured left carotid artery CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (B): Invasive Squamous cell Ca of larynx LYING CAUSE (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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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		25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
26. TIME OF INJURY		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I attended the death of the deceased from or on March 22, 1965, and that the death occurred at 7:05 PM, from the cause and on the date stated above. Signature: Edward H. Wilcox, M.D. Title: Doctor Address: 161X 29. RESERVED FOR REGISTRAR'S USE Item #18, corrected per supplemental 3-30-65 30. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other 31. DATE RECEIVED BY REGISTRAR MAR 30 1966 32. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park Klamath Falls, Ore 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mt. Scott Funeral Home Portland, O.			

STATE OF OREGON
County of Multnomah

DATE ISSUED

APR 28 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

STATE REGISTRAR

VS-112 9/65

STATE OF OREGON; COUNTY OF KLAMATH; ss:

Filed for record at request of Wm. Matson

this 9 day of May 1966 at 4:50 P.M., and

duly recorded in Vol. M-66 Deeds on Page 5017

Fee \$1.50

DOROTHY ROGERS, County Clerk

By