7843

CERTIFIED COPY

Vol. M-66 Page 7399

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 213

STATE FILE NO.

DATE RECEIVED JUL 11 1966

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Ralph; Middle: Leonard; Last: Carroll

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 21 yrs
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presby. Intercomm. Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 3904 Bisbee

4. DATE OF DEATH: Month June; Day 28; Year 1966
5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 504 01 9484
9. USUAL OCCUPATION (Kind of work done during most of life): R.t.
10. KIND OF BUSINESS OR INDUSTRY: Pacific Co-op Supply
11. NAME OF SPOUSE: Florence Carroll
12. DATE OF BIRTH: Month Sept.; Day 29; Year 1893
13. AGE LAST BIRTHDAY: 72 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Iowa
15. WAS DECEASED A CITIZEN OF ☒ U. S. ☐ Foreign Country — Name of Country:
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: John William Carroll
18. MAIDEN NAME OF MOTHER: Ida Bell McGraw
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Florence Carroll, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Generalized carcinomatosis — Interval Between Onset and Death: 3 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last
DUE TO (B): Carcinoma lung — 12 mo.
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):

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

23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) — 25B. City, County, State
26. TIME OF INJURY: Hour ..... a. m. ..... p. m.; Month, Day, Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) (~~had charge of the death of~~) the deceased from 6-23-66 (date) to 6/28/66 (date) and that the death occurred at 10:20 PM (date) from the causes and on the date stated above.
Ralph Payne MD (Signature) — Klamath Falls Ore (Title, Address) — 6-29-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 163X

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 7/1/66
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Ore
31. DATE RECEIVED BY LOCAL REGISTRAR: 6-30-66
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's Keith O'Hair 515 Pine, Klamath Falls Ore

STATE OF OREGON
County of Multnomah } ss

DATE ISSUED JUL 18 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

Marian M. Morton
STATE REGISTRAR

VS 112-Rev. 1-6/66

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Florence Carroll

this 21 day of July A.D. 1966 at 10:47 o'clock A M., and duly recorded in Vol. M-66, of Deeds on Page 7399

DOROTHY ROGERS, County Clerk

Fee $1.50

By Jane Merrill