66-1057

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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol M66 Page 8103

STANDARD CERTIFICATE OF DEATH 7981

STATE OF OREGON
BOARD OF HEALTH, PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 2840
STATE FILE NO. 7981
DATE RECEIVED JUL 10 1962

1. NAME OF DECEASED (Type or print all entries in black ink): First Grace, Middle E, Last Cole

2. PLACE OF DEATH
A. COUNTY Multnomah
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Portland
C. LENGTH OF STAY IN 2B 11 days
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Good Samaritan 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. 415 Hillside Street

4. DATE OF DEATH (Month, Day, Year) June 16, 1962
5. SEX Female
6. COLOR OR RACE White
7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO. ----
9. USUAL OCCUPATION (Kind of work done during most of life) home
10. KIND OF BUSINESS OR INDUSTRY ----
11. NAME OF SPOUSE Phelip Cole
12. DATE OF BIRTH (Month, Day, Year) April 7, 1901
13. AGE LAST BIRTHDAY (Yrs.) 61
IF UNDER 1 YEAR (Months, Days) IF UNDER 24 HOURS (Hours, Minutes)
14. BIRTHPLACE (State or Foreign Country) Centralia, Washington
15. WAS DECEASED A CITIZEN OF ☒ U. S. ☐ Foreign Country (Name of Country)
16. IF DECEASED WAS A VETERAN, WHAT WAR? ----
17. NAME OF FATHER Preston Luman
18. MAIDEN NAME OF MOTHER Ellen Belville
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Dr. Philip Cole husband

CERTIFIED COPY OF OFFICIAL RECORD

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): Bronchogenic Carcinoma — Interval Between Onset and Death (Years, days, hours, etc.): 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): ----
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): ----

THIS IS NOT A CERTIFIED COPY IF ALTERED OR PREPARED (VOID)

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) (investigated) the death of the deceased (on or on) August 1961 (date) to June 16, 1962 (date) and that the death occurred at 3 a.m. from the causes and on the date stated above.
H Kammer MD (Signature) 231 NW Nathan Portland Ore (Address) 6-19 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE 162.1

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☒ Removed ☐ Other
30B. DATE 17Jun62
30C. NAME OF CREMATORY OR CEMETERY I.O.O.F. Cemetery
30D. LOCATION (City or Town) Medford, Ore. via Klamath Falls, Ore. State
31. DATE RECEIVED BY LOCAL REGISTRAR JUN 18 1962
32. REGISTRAR'S SIGNATURE Fred R. Meade M.D.
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Finley's-Portland, Ore. And H. Dunn.

STATE OF OREGON, County of Multnomah } ss

DATE ISSUED DEC 10 1965

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 Oregon Title Insurance Co.
this 10th day of August 1966 at 3:35 o'clock P.M., and
duly recorded in Vol. M-66, of Deeds on Page 8103

DOROTHY ROGERS, County Clerk

Fee 1.50

By Lorine M. Knudson