8880 Vol M-66 Page 8738

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 256 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First GEORGE; Middle ARTHUR; Last BOSE

2. PLACE OF DEATH — A. COUNTY: Klamath; B. CITY, TOWN OR LOCATION: 44 Miles Klamath Falls; C. LENGTH OF STAY IN 2B: 8 Years; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Weyerhaeuser Camp # 4

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.: 1021 Washburn Way

4. DATE OF DEATH: Month August; Day 22; Year 1966

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 543-03-0691

9. USUAL OCCUPATION (Kind of work done during most of life): Truck driver

10. KIND OF BUSINESS OR INDUSTRY: Henderson & Henderson

11. NAME OF SPOUSE: Dorothy Bose

12. DATE OF BIRTH: Month December; Day 20; Year 1918

13. AGE LAST BIRTHDAY: 47 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE (State or Foreign Country): Hillsboro, Oregon

15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country — Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. # 2

17. NAME OF FATHER: John Bose

18. MAIDEN NAME OF MOTHER: Lena Tews

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Dorothy Bose (Wife)

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): Probable Coronary Occlusion — Interval Between Onset and Death (Years, months, hours, etc.): Sudden
(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).

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 ____ Month ____ Day ____ Year ____ ____ a. m. ____ p. m.

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I ☐ Attended ☐ Investigated the death of the deceased from the causes and on the date stated above. 8755d (date) to Aug. 22, 1966 and that the death occurred at ____ m. from the causes and on the date stated above.
> J. Martin Adams, M.D. Asst. Phys. Adv. (Signature) — Klamath Falls, Oregon (Address) — 8-24-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other — 30B. DATE: 8/25/66 — 30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park — 30D. LOCATION (City or Town), State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: Aug 24 1966 — 32. REGISTRAR'S SIGNATURE: > Marjorie Comer — 33. FUNERAL DIRECTOR: > Wm P. Kendall — Klamath Funeral Home, 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 Deputy Marian Schuman
Date August 29, 1966

VS-16 2/56 **VOID IF ALTERED**

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Dorothy Bose
this 30 day of August A.D. 1966 at 4:30 o'clock P.M., and
duly recorded in Vol. M-66, of Deeds on Page 8738
Fee $1.50
DOROTHY ROGERS, County Clerk
By Jane Keen

33