9449

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. M-66 Page 9563

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 271 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First JACK; Middle WESLEY; Last RAY

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 12 Days; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Presbyterian Intercommunity 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) Chiloquin; D. STREET ADDRESS, RURAL ROUTE, ETC. No numbers - Box # 306

4. DATE OF DEATH: Month September; Day 11; Year 1966

5. SEX: Male

6. COLOR OR RACE: White

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

8. SOCIAL SECURITY NO.: 701-10-7706

9. USUAL OCCUPATION (Kind of work done during most of life): Switchman - retired

10. KIND OF BUSINESS OR INDUSTRY: Great Northern R.R.

11. NAME OF SPOUSE: ----

12. DATE OF BIRTH: Month March; Day 27; Year 1899

13. AGE LAST BIRTHDAY: Yrs. 67; IF UNDER 1 YEAR: Months ____ Days ____; IF UNDER 24 HOURS: Hours ____ Minutes ____

14. BIRTHPLACE (State or Foreign Country): Henryville, Indiana

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

16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. # 1

17. NAME OF FATHER: Alison S. Ray

18. MAIDEN NAME OF MOTHER: Mary Brown

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Richard Ray (Son)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) — Interval Between Onset and Death (Years, days, hours, etc.)

PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Massive anterior & apical Myocardial Infarction — days

Conditions, if any, which gave rise to above cause: (a), (b), stating the underlying cause last: DUE TO (B): Complete occlusion left anterior Descending Coronary — "

DUE TO (C): Arteriosclerotic Heart Disease — years

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) (investigated the death of) this deceased from or on Performed an autopsy 9/12/66 (date) to 11:55p and that the death occurred at ____ hrs. from the causes and on the date stated above.

George R. Nicholson, M.D. (Signature) (Title) Klamath Falls, Oregon (Address) 9/12/66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DISPOSITION: ☒ Buried ☐ Cremated ☐ Removed ☐ Other

30B. DATE: 9/14/66

30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park

30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 9-13-66

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.

S. M. Kerron, M.D.
Registrar Vital Statistics

(SEAL)

By Marian Ackerman
Deputy

Date September 22, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of:
Ganong, Ganong & Gordon

on this 27 day of Sept A. D. 19 66
at 10:22 o'clock A M. and duly
recorded in Vol. M-66 of Deeds
Page 9563.

DOROTHY ROGERS, County Clerk
By Evelyn Dick Deputy

Fee 15¢