CERTIFIED COPY

10088

M66 11328

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. 7-19-66

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. '65 013875

LOCAL REGISTRAR'S NUMBER 303

DATE RECEIVED NOV 10 1965

1. NAME OF DECEASED (Type or print all entries in black ink) First: Jesse Middle: A. Last: McFall

2. PLACE OF DEATH A. COUNTY Klamath

B. CITY, TOWN, OR LOCATION: Outside Bonanza

C. LENGTH OF STAY IN 2B: Life

D. NAME OF HOSPITAL OR INSTITUTION: Casebeer Ranch

3. USUAL RESIDENCE A. STATE Oregon B. COUNTY Klamath

C. CITY, TOWN OR LOCATION: Outside Bonanza

D. STREET ADDRESS, RURAL ROUTE, ETC. P.O. Box 6

4. DATE OF DEATH Oct. 16 1965

5. SEX Male

6. COLOR OR RACE Cau.

7. MARITAL STATUS [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO. 543-40-7819

9. USUAL OCCUPATION Rancher

10. KIND OF BUSINESS OR INDUSTRY Ranching

11. NAME OF SPOUSE Jean McFall

12. DATE OF BIRTH Aug. 19 1911

13. AGE LAST BIRTHDAY 54

14. BIRTHPLACE Oregon

15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER John McFall

18. MAIDEN NAME OF MOTHER Mattie

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Jean McFall

20. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A) Probable Coronary Occlusion
DUE TO (B) Coronary artery disease — 7yrs?
DUE TO (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

21. AUTOPSY? Yes [ ] No [X]

22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS. Yes [ ] no [ ] unknown [ ]

23. EXTERNAL CAUSE OF DEATH WAS Primary [ ] or Contributing [ ]

24. DESCRIBE HOW INJURY OCCURRED.

25. TIME OF INJURY

26. INJURY OCCURRED while at work [ ] not while at work [ ]

27A. PLACE OF INJURY

27B. (city or town) (county) (state)

28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about 11:00 P.M.
Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]

ACTUAL SIGNATURE: D. Martin Adams MD — Ass't MEDICAL INVESTIGATOR FOR Klamath Co.

29. Burial [X] Removal [ ] Cremation [ ] Other [ ]

30. DATE 10/19/65

31. PLACE OF BURIAL, REMOVAL, ETC. Eternal Hills Memorial Gardens, Klamath Falls, Oregon

32. (signature of funeral director or person acting as such) Mike O'Hair

NAME OF FUNERAL HOME AND ADDRESS: O'Hair's Memorial Chapel, 515 Pine Klamath Falls, Ore

33. (signature of registrar) Marian Ackerman

DATE RECORD FILED: 10-19-65

420.1

STATE OF OREGON } ss
County of Multnomah }

DATE ISSUED JUL 19 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-Rev. 1-6/66

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of

this 26th day of October 1966 3:10 o'clock pM., and

duly recorded in Vol. M-66 of Deeds on Page 11328

DOROTHY ROCHE, County Clerk

$1.50 pd.

32 By Dolores Sauve