CERTIFIED COPY 10426

OREGON STATE BOARD OF HEALTH VITAL STATISTICS SECTION

66-1389 Vol M-66 11732

LOCAL REGISTRAR'S NUMBER 169

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON — BOARD OF HEALTH — PORTLAND — PUBLIC HEALTH SERVICE

STATE FILE NO. 16196

DATE RECEIVED DEC 10 1964

1. NAME OF DECEASED (Type or print all entries in black ink) — First: John; Middle: Grant; Last: Manning

2. PLACE OF DEATH — A. COUNTY: Tillamook; B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Tillamook; C. LENGTH OF STAY IN 2B: 1 hr.; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Tillamook Gen. Hosp.

3. USUAL RESIDENCE (If institution, give residence before admission) — A. STATE: Oregon; B. COUNTY: Tillamook; C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Pacific City; D. STREET ADDRESS, RURAL ROUTE, ETC.: General Delivery

4. DATE OF DEATH — Month: Nov.; Day: 26; Year: 1964

5. SEX: M

6. COLOR OR RACE: W

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

8. SOCIAL SECURITY NO.: 544-42-6368

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

10. KIND OF BUSINESS OR INDUSTRY: medical

11. NAME OF SPOUSE: Ethel

12. DATE OF BIRTH — Month: July; Day: 28; Year: 1890

13. AGE LAST BIRTHDAY: 74 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Clayborn Co., Tennessee

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

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

17. NAME OF FATHER: James C. Manning

18. MAIDEN NAME OF MOTHER: Margaret McDaniel

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Ross Manning - son

ALTERED

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): Circulatory Ascitis — instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Myocardial Arrest — instant

DUE TO (C): Myocardial Infarction — 2 hours

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Diabetes

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 at on 11-26-64 (date) to 11/26/64 (date) and that the death occurred at 4:40 p.m. from the causes and on the date stated above.

> Howard Pahlen, M.D. (signature) — 617 Pacific Tillamook (Title) (Address) — 11/28/64 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 420.1 3

30A. DECEASED WILL BE: ☐ Buried ☒ Cremated ☐ Removed ☐ Other

30B. DATE: 11-27-64

30C. NAME OF CREMATORY OR CEMETERY: Mt. Crest Abbey

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

31. DATE RECEIVED BY LOCAL REGISTRAR: 11-30-64

32. REGISTRAR'S SIGNATURE: > Betty C. Wisley

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: > Copeland Son McMinnville, Oregon

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

STATE OF OREGON)
County of Multnomah) ss

DATE ISSUED

NOV 3 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

FREE VERIFICATION - FOR GOVERNMENT USE ONLY

VS 112-Rev. 1-6/66

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Oregon Title Insurance

this 14th day of November 66 at 3:30 o'clock P M. and

duly recorded in Vol. M-66, of deeds 11732

[illegible], County Clerk

By Beverly J. Hyde

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