OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION 10467 Vol M-66 Page 11768

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 336

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: BEN; Middle: LINCOLN; Last: THOMAS

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: 25 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 1850 Arthur Street

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.: 1850 Arthur Street

4. DATE OF DEATH: Month November; Day 9; Year 1966
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 531-01-3643
9. USUAL OCCUPATION (Kind of work done during most of life): Refrigeration Engineer
10. KIND OF BUSINESS OR INDUSTRY: Self
11. NAME OF SPOUSE: Edith K. Thoman
12. DATE OF BIRTH: Month February; Day 12; Year 1896
13. AGE LAST BIRTHDAY: 70 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Echo, Stevens Co., Washington
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: Benjamin F. Thomas
18. MAIDEN NAME OF MOTHER: Lanie Isobelle Bowser
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Edith K. Thomas (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): Massive retroperitoneal hemorrhage — Interval Between Onset and Death: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last
DUE TO (B): Rupture of abdominal aneurysm — "
DUE TO (C): Arteriosclerosis — 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 the deceased from or on Performed an autopsy Nov. 10, 1966 (date) to ..... and that the death occurred at 9:55a m. from the causes and on the date stated above.
George R. Nicholson, M.D. (Signature) — Klamath Falls, Oregon (Address) — 11/10/66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 11/11/66
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 11-10-66
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.

(SEAL)

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

By Marian Ackerman
Deputy

Date November 10, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH, ss.

Filed for record at request of Mrs. Edith Thomas

this 15 day of November 66 4:42 o'clock PM., and

duly recorded in Vol. M-66, of deeds on Page 11768

EARL FRENCH, County Clerk

Fee 1.50 pd By Beverly J. Hayden Deputy

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