10688 OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. M-66 Page 12028

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 350 — STATE FILE NO. — DATE RECEIVED

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

2. PLACE OF DEATH — A. COUNTY: Klamath; B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): 10 Mi.N. Klamath Falls; C. LENGTH OF STAY IN 2B: Traveling thru; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Highway # 97

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.: 1902 Academy

4. DATE OF DEATH: Month November; Day 20; Year 1966

5. SEX: Male

6. COLOR OR RACE: White

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

8. SOCIAL SECURITY NO.: 472-14-2346

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

10. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. NAME OF SPOUSE: Mary E. Grigg

12. DATE OF BIRTH: Month February; Day 9; Year 1920

13. AGE LAST BIRTHDAY: Yrs. 46; IF UNDER 1 YEAR — Months, Days; IF UNDER 24 HOURS — Hours, Minutes

14. BIRTHPLACE (State or Foreign Country): Cleveland, Ohio

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: Alfred E. Grigg

18. MAIDEN NAME OF MOTHER: Florence Colbourn

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mary E. Grigg (Wife)

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): Fractures of Skull — Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Fracture of Cervical Vertebra — Instant

DUE TO (C): Crushing Injuries of Chest

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 (Bushes Farm, Home, Forest, etc.): Highway #97

25B. City, County, State: 10 M.No.Klamath Falls,Kla.,Ore.

26. TIME OF INJURY: Hour 11:40 p. m.; Month 11; Day 20; Year '66

27. DESCRIBE HOW INJURY OCCURRED: Driver of auto which collided with another auto.

28. CERTIFICATE: I certify that I (Attended / Investigated) the death of the deceased from an ____ on Nov. 21, 1966 (date) to 11:40p, and that the death occurred at ____ p. m. from the causes and on the date stated above.

S. M. Kerron, M.D. (Signature) — Medical Investigator (Title) — Klamath Falls, Oregon (Address) — 11-22-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

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

30B. DATE: 11-23-66

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

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

31. DATE RECEIVED BY LOCAL REGISTRAR: 11-22-66

32. REGISTRAR'S SIGNATURE: Marian Ackerman

33. FUNERAL DIRECTOR OR PERSON ACTING AND ADDRESS: Wm P. Kendall's 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 Marian Ackerman
Deputy

Date November 28, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. Aruthur Grigg this 29 day of November 1966 11:05 o'clock AM., and duly recorded in Vol. M-66, of deeds on Page 12028.

DONALD HODLEY, County Clerk

By Beverly Hayden Deputy

Fee 1.50 pd.