10787

CERTIFIED COPY

M-66 Page 12166

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON — BOARD OF HEALTH — PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 112 — STATE FILE NO. — DATE RECEIVED NOV 28 1966

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

1. NAME OF DECEASED (Type or print all entries in black ink): First Ivan — Middle Henry — Last Boley

2. PLACE OF DEATH
A. COUNTY Ibex Mine - Sumpter- Baker
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Ibex Mine Sumpter
C. LENGTH OF STAY IN 29 2 days
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

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. 801 S. Alameda

4. DATE OF DEATH: Month 11 Day 14 Year 66
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 288-12-4402
9. USUAL OCCUPATION (Kind of work done during most of life): Hydrology Asst.
10. KIND OF BUSINESS: U. S. Bureau of Rec.
11. NAME OF SPOUSE: Madge
12. DATE OF BIRTH: Month 8 Day 25 Year 16
13. AGE LAST BIRTHDAY: Yrs. 50 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Doylestown, Ohio
15. WAS DECEASED A CITIZEN OF U.S.? ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? WWII
17. NAME OF FATHER: Melvin Scott Boley
18. MAIDEN NAME OF MOTHER: Delpha N. Wolfe
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Madge Boley - Widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line for (A), (B) and (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (B):
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
DUE TO (C):
VOID

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 ☒ — AUTHORIZED BY:

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: (enter nature of injury in part I or part II) Overexertion from hunting & walking

25. TIME OF INJURY (mo) (day) (year) A.M. P.M.

26. INJURY OCCURRED while at work ☐ not while at work ☐

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

27A. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.):

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 2pm (AM) (PM) from: Natural Causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐

ACTUAL SIGNATURE: C.H. Grant MD — MEDICAL INVESTIGATOR FOR: Baker County

29. Burial ☒ Removal ☐ Cremation ☐ Other ☐
30. DATE: 11/21/66
31. PLACE OF BURIAL, REMOVAL, ETC.: Willamette National (name of cemetery or crematory) Portland (city or county) Oregon

32. (signature of funeral director or person acting as such): R. H. Langrell #251
NAME OF FUNERAL HOME AND ADDRESS: Langrell Mortuary - Baker, Ore.

33. (signature of registrar): Marie DeLint Deputy
DATE RECORD FILED: 11/15/66

VS 112-Rev. 1-6/66

STATE OF OREGON } ss
County of Multnomah }

DATE ISSUED
NOV 28 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

STATE OF OREGON, County of Klamath } ss

Filed for record at request of:
Madge Boley

on this 2 day of Dec A. D. 19 66
at 3:10 o'clock P M. and duly recorded in Vol. M-66 of Deeds
Page 12166.

DOROTHY ROGERS, County Clerk
By Evelyn Kuhn Deputy

Fee 1.50