11306 OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

M-66 Page 12781

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 390 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First Herbert; Middle Perry; Last Crawford

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: 10½ years; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presbyterian Intercommunity Hospital

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.: 1143 Pine Street

4. DATE OF DEATH (Month, Day, Year): December 23, 1966

5. SEX: Male

6. COLOR OR RACE: White

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

8. SOCIAL SECURITY NO.: 544-03-2645

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

10. KIND OF BUSINESS OR INDUSTRY: building

11. NAME OF SPOUSE: Nina Crawford

12. DATE OF BIRTH (Month, Day, Year): March 6, 1900

13. AGE LAST BIRTHDAY: 66 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE (State or Foreign Country): Brigham City, Utah

15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign Country, Name of Country

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

17. NAME OF FATHER: Alphonzo Crawford

18. MAIDEN NAME OF MOTHER: Rebecca Savage

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mildred Luft - daughter

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C)).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Thrombosis of right middle cerebral and basilar artery system — Interval Between Onset and Death (Years, days, hours, etc.): 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): ; DUE TO (C): ;
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 [X] 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) (last saw) the death of the deceased from or on 12-22-66 (date) to 12-23-66 (date) and that the death occurred at 7.140p m. from the causes and on the date stated above.
► James A. Rogers, M.D. (Signature) — (Title) — Klamath Falls, Oregon (Address) — 12-24-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other

30B. DATE: 12-27-66

30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills Mem. Gar.

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

31. DATE RECEIVED BY LOCAL REGISTRAR: 12-27-66

32. REGISTRAR'S SIGNATURE: ► Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ► W. W. Ward Klamath Falls, Oregon

MEDICAL CERTIFICATION

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 Marjorie Comer
Deputy

Date December 30 19 66

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of:
Nina Crawford
on this 30 day of December A. D. 1966
at 4:20 o'clock P M., and duly
recorded in Vol. M-66 of deeds
Page 12781.

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COUNTY RECORDS, County Clerk
By Beverly J. Hayden Deputy

Fee 1.50