

11468

M-67 224

OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION  
CERTIFIED COPY OF DEATH RECORD

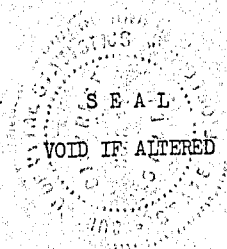
LOCAL REGISTRAR'S NUMBER 928		STATE OF OREGON BOARD OF HEALTH - PORTLAND PUBLIC HEALTH SERVICE		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)					
First		Middle		Last	
WILMA		JANE		ACKLEY	
2. PLACE OF DEATH					
A. COUNTY Marion					
B. CITY, TOWN, (if outside corporate limits, so specify) OR LOCATION Salem					
C. LENGTH OF STAY IN 28 minutes					
D. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Salem Memorial Hospital 2699 Lakeshore Drive					
4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
August 7 1966		female		white	
8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION		10. KIND OF BUSINESS	
544 10 8526		Ex. Housekeeper NURSE		HOSPITAL	
12. DATE OF BIRTH		13. AGE LAST BIRTHDAY		11. NAME OF SPOUSE	
July 9 1922		44		Preston S. Ackley	
14. BIRTHPLACE (State or Foreign Country)		15. WAS DECEASED A CITIZEN OF		16. IF DECEASED WAS A VETERAN, WHAT WAR?	
Salem, Oregon		U. S.		no	
17. NAME OF FATHER		18. MAIDEN NAME OF MOTHER		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	
William M. Prassel		Julia DeJardin		Peggy Ann Ackley - dau.	
20. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)					
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (A) HEAD INJURY					
DUE TO (B) PROBABLE BROKEN NECK					
DUE TO (C) SEVERE SHOCK					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)					
21. AUTOPSY? AUTHORIZED BY: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
22. IF FEMALE, WAS THERE A PREGNANCY IN PART 12 MOS. 23. EXTERNAL CAUSE OF DEATH WAS 24. DESCRIBE HOW INJURY OCCURRED (enter nature of injury in part I or part II)					
yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/> Primary <input checked="" type="checkbox"/> or Contributing <input type="checkbox"/> AUTO ACCIDENT					
25. TIME OF INJURY (mo) (day) (year) 26. INJURY OCCURRED 27A. PLACE OF INJURY 27B. (city or town) (county) (state)					
1:35 P.M. AUG. 7, 1966 while at work not while at work office bldg, etc. HIGHWAY 99E - SALEM, ORE					
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 1:26 P.M. from (County)					
Natural Causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending <input type="checkbox"/> DEPUTY MEDICAL INVESTIGATOR FOR MARION COUNTY OREGON					
29. Burial <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Other <input type="checkbox"/> 30. DATE 31. PLACE OF BURIAL, REMOVAL, ETC. St. Luke Cemetery Woodburn, Ore.					
Aug 11, 1966					
32. (signature of funeral director or person acting as such) NAME OF FUNERAL HOME AND ADDRESS: 605 Commercial St. SE, Salem, Oregon					
33. (signature of registrar) DATE RECORD FILED: 8-10-66					

STATE OF OREGON  
COUNTY OF MARION

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY DEPARTMENT OF HEALTH.

PETER J. BATTEN, M.D.  
REGISTRAR OF VITAL STATISTICS

BY Therese R. Ruff  
DATE 8-10-66



STATE OF OREGON, } ss  
County of Klamath }

Filed for record at request of:  
Preston Ackley

on this 10 day of January A. D. 19 67  
at 10:15 o'clock A. M. and day  
recorded in Vol. M-67 of deeds  
Page 224

ROBERT H. GENS, County Clerk

Fee 1.50 By Therese R. Ruff Deputy