

12160

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

1088

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 44		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print full name in black ink)		First Middle Last John Walter Googins	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (if institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, (if outside corporate limits, so specify) LOCATION Klamath Falls		C. CITY, TOWN (if outside corporate limits, so specify) LOCATION Klamath Falls	
C. LENGTH OF STAY (in 2B) 12 yrs.		D. STREET ADDRESS, RURAL ROUTE, ETC. 2535 Vine St.	
D. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Pres. Intercomm. Hospt.		E. COLOR OR RACE Caucasian	
4. DATE OF DEATH Month Day Year February 9, 1967		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. SOCIAL SECURITY NO. 004-16-9352		9. USUAL OCCUPATION (Kind of work done during most of life) Instructor	
10. KIND OF BUSINESS OR INDUSTRY School		11. NAME OF SPOUSE Bobbie Googins	
12. DATE OF BIRTH Month Day Year March 13, 1920		13. AGE LAST BIRTHDAY 46	
14. BIRTHPLACE (State or Foreign Country) Portland, Maine		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country	
16. IF DECEASED WAS A VETERAN, WHAT WAR? WW I		17. NAME OF FATHER John Walter Googins	
18. MAIDEN NAME OF MOTHER Elizabeth Malloy		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Bobbie Googins, wife	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial infarction		Interval Between Onset and Death (Years, days, hours, etc.) 24 hrs	
Conditions, if any, which gave rise to above cause (B): DUE TO (B): Arteriosclerotic cardio Vascular disease		6 yrs	
DUE TO (C):			
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (B):		21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23. WAS DEATH RESULT OF: <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR: <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		25B. City County State	
26. TIME OF INJURY Hour Minute P. M.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I (attended) (attended) the death of the deceased from or on Jan. 1960 to 2-9-67 and that the death occurred at 7:25 a. m. from the causes and on the date stated above. (Date) (Date) Fletcher F. Conn, M.D. Klamath Falls, Ore. 2-10-67 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 2-11-67	
30C. NAME OF CREMATORY OR CEMETERY Mt. Calvary Cemetery		30D. LOCATION (City or Town) State Klamath Falls, Ore.	
31. DATE RECEIVED BY LOCAL REGISTRAR 2-10-67		32. REGISTRAR'S SIGNATURE Marjorie Comer	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair 515 Pine, K. Falls, Ore			

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 Marion P. Kerron
Deputy
Date February 13, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Bobbie Googins
this 15 day of February 1967 at 1:55 o'clock P.M., and
duly recorded in Vol. M 67, of Deeds on page 1088
LORNA H. ROGERS, County Clerk

By Carol Wheeler

Fee \$1.50