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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 3 — STATE FILE NO. / DATE RECEIVED '67 000226

1. NAME OF DECEASED (First / Middle / Last)	ROBERT NIMROD O'KELLEY
2. PLACE OF DEATH — A. COUNTY	Douglas
B. CITY-TOWN OR LOCATION	Roseburg
C. LENGTH OF STAY IN 2B	2 Days
D. NAME OF HOSPITAL OR INSTITUTION	Community Hospital
3. USUAL RESIDENCE — A. STATE	Oregon
B. COUNTY	Douglas
C. CITY-TOWN OR LOCATION	Roseburg Rural
D. STREET ADDRESS, RURAL ROUTE, ETC.	Idlewild Rt. Box 115C
4. DATE OF DEATH (Month / Day / Year)	Jan. 1 1967
5. SEX	Male
6. COLOR OR RACE	White
7. MARITAL STATUS	☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.	700-07-7264
9. USUAL OCCUPATION	Inspector
10. KIND OF BUSINESS	S.P. Railway
11. NAME OF SPOUSE	Julia M. O'Kelley
12. DATE OF BIRTH	Sept. 7 1891
13. AGE LAST BIRTHDAY	75 Yrs.
14. BIRTHPLACE	Oregon
15. WAS DECEASED A CITIZEN OF	☒ U.S. ☐ Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?	None
17. NAME OF FATHER	William N. O'Kelley
18. MAIDEN NAME OF MOTHER	Margaret Robertson
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	Julia M. O'Kelley Widow

20. CAUSE OF DEATH

	Cause	Interval Between Onset and Death
PART I. IMMEDIATE CAUSE (A)	Acute Myocardial Infarction	about 5 minutes
DUE TO (B)	arteriosclerotic coronary artery disease	over 10 years
DUE TO (C)	generalized arteriosclerosis	over 10 years
PART II. Other significant conditions	Senility	

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 — 25B. City / County / State
26. TIME OF INJURY — 27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE — I certify that I (attended) (investigated) the death of the deceased from 12/29/66 to 1/1/67 and that the death occurred at 6:50 A.M. from the causes and on the date stated above.
[signature] M.D. — Roseburg Oregon — 1/3/67

29. RESERVED FOR REGISTRAR'S USE — 420.1

30A. DECEASED WILL BE	30B. DATE	30C. NAME OF CREMATORY OR CEMETERY	30D. LOCATION
☒ Burial ☐ Cremated ☐ Removed ☐ Other	1/3/67	Memorial Gardens	Roseburg Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR 1-4-67 — 32. REGISTRAR'S SIGNATURE [signature] — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: LONG & SHUKLE MEMORIAL CHAPEL Roseburg Ore.

STATE OF OREGON
County of Multnomah

DATE ISSUED APR 3 1967

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.

[signature]
STATE REGISTRAR

By Direction of
RICHARD H. WILCOX, M.D.
State Health Officer

VS-112-Rev. 1-6/66

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Richard N. O'Kelley
this 7 day of April A. D. 1967 at 3:00 o'clock P. M., and
duly recorded in Vol. M-67, of Deeds on Page 2483

DOROTHY ROGERS, County Clerk
Fee $1.50
By [signature]

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