CERTIFIED COPY 13593 Vol. M-67 Page 2783

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH STATE FILE NO. '66 007097

LOCAL REGISTRAR'S NUMBER 525 — DATE RECEIVED MAY 2 1966

1. NAME OF DECEASED (Type or print) First: Westley Middle: Brooks Last: Pence

2. PLACE OF DEATH A. COUNTY: Klamath B. CITY, TOWN, OR LOCATION: Klamath Falls C. LENGTH OF STAY IN 2B: 19 yrs

3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE: Oregon B. COUNTY: Klamath C. CITY, TOWN OR LOCATION: Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC.: 219 Jefferson

D. NAME OF HOSPITAL OR OTHER INSTITUTION (If not in hospital, give street address): Consolidated Freight Loading dock Broad & Elm Sts

4. DATE OF DEATH: April 28 1966 — 5. SEX: Male — 6. COLOR OR RACE: Cau. — 7. MARITAL STATUS: Married — Widowed — Divorced — Never Married

8. SOCIAL SECURITY NO.: 322 18 9321 — 9. USUAL OCCUPATION (Kind of work done during most of life): Wholesaler — 10. KIND OF BUSINESS/INDUSTRY: Bar & Restaurant supplies — 11. NAME OF SPOUSE: Myrtle Pence

12. DATE OF BIRTH: Oct. 19 1897 — 13. AGE LAST BIRTHDAY: 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE (State or Foreign Country): Little Rock, Arkansas — 15. WAS DECEASED A CITIZEN OF U.S.? Yes — Foreign Country, Name of Country? — 16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. 1

17. NAME OF FATHER: Emmuel T. Pence — 18. MAIDEN NAME OF MOTHER: Laura Willard — 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Nina Pence, daughter

20. CAUSE OF DEATH — PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Prostate Coronary Occlusion — DUE TO (B): A.S. Heart disease — DUE TO (C): — INTERVAL BETWEEN ONSET AND DEATH: minutes

Conditions, if any, which gave rise to immediate cause (A) stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Pneumonia

21. AUTOPSY? Yes ☐ No ☒ — AUTHORIZED BY:

22. IF FEMALE: WAS THERE A PREGNANCY IN PAST 10 MOS.? Yes ☐ No ☐ Unknown ☐

23. EXTERNAL CAUSE OF DEATH (Accident, Suicide, Homicide) WAS: Primary ☐ or Contributing ☐

24. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in part I or part II):

25. TIME OF INJURY (Hour) (Day) (Year)

26. INJURY OCCURRED: While at work ☐ While not at work ☐

27A. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 27B. (City or town) (County) (State)

28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and to my opinion death resulted on or about 10:15 A.M. from the cause stated. Natural Causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐

ACTUAL SIGNATURE OF LOCAL INVESTIGATOR: Martin Adkison — FOR: Klamath County

29. Burial ☒ Removal ☐ Cremation ☐ Other ☐ — 30. DATE: 5-2-66 — 31. PLACE OF BURIAL, REMOVAL, ETC.: Klamath Memorial Park (City or county) Klamath Falls, Ore

32. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: — NAME OF FUNERAL HOME AND ADDRESS: O'Hair's Memorial Chapel 515 Pine, Klamath Falls, Ore

33. SIGNATURE OF REGISTRAR: — DATE RECORD FILED: 5-9-66 — 420.1

MEDICAL CERTIFICATION

WRITE IN RECORD FOR BINDING MARGIN RESERVED FOR BINDING

STATE OF OREGON, County of Multnomah } ss

DATE ISSUED MAR 22 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.

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

STATE REGISTRAR

V-S 112-Rev. 1-6/66

STATE OF OREGON; COUNTY OF KLAMATH; ss:

Filed for record at request of Myrtle Pence

this 20 day of April A.D. 1967 at 10:45 o'clock A M., and duly recorded in Vol. M-67, of Deeds on Page 2783

Fee $1.50

DOROTHY ROGERS, County Clerk

By Jane Weaver