CERTIFIED COPY 13964

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

M67 p. 3341

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 8805

DATE RECEIVED AUG 7 1959

LOCAL REGISTRAR'S NUMBER 216

1. NAME OF DECEASED (Type or print all entries in black ink) First: Stephen Middle: W. Last: Moss
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: 36 yrs
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Hillside 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.: 1647 Wiard St
4. DATE OF DEATH (Month, Day, Year): July 19, 1959
5. SEX: male
6. COLOR OR RACE: white
7. MARITAL STATUS: X Married ☐ Divorced ☐ Widowed ☐ Never Married
8. SOCIAL SECURITY NO.: ———
9. USUAL OCCUPATION (Kind of work done during most of life): retired
10. KIND OF BUSINESS OR INDUSTRY: ———
11. NAME OF SPOUSE: Mary E. Moss
12. DATE OF BIRTH (Month, Day, Year): Sept. 27, 1890
13. AGE LAST BIRTHDAY: 68 Yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HOURS: Hours Minutes
14. BIRTHPLACE (State or Foreign Country): Paisley, Oregon
15. WAS DECEASED A CITIZEN OF: X U. S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? ———
17. NAME OF FATHER: Alvin Moss
18. MAIDEN NAME OF MOTHER: Anne McCormick
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mary E. Moss widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C))
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Acute myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): ; DUE TO (C):
Interval between Onset and Death (Years, days, hours, etc.): 15 min.
PART II: Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I (a): arteriosclerosis
21. If deceased was female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No
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) (~~investigated the death of~~) the deceased from or on 7-19-59 and that the death occurred 2:05 p.m. from the causes and on the date stated above. (Signature) Emil J. Lomnicki M.D. (Title) 613 Pine St. Klamath Falls (Address) July 20, 1959 (Date Signed)
29. RESERVED FOR REGISTRAR'S USE
30A. DECEASED WILL BE: ☐ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE 7/22/57
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Ore
31. DATE RECEIVED BY LOCAL REGISTRAR: 7-30-59
32. REGISTRAR'S SIGNATURE: Marian Clakman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Klamath Falls, Oregon

WRITE PLAINLY WITH UNFADING INK. MARGIN RESERVED FOR BINDING. DO NOT FOLD. THIS CERTIFICATE MAY BE PROPERLY CLASSIFIED AS SOON AS CAUSE OF DEATH IS ASCERTAINED. PHYSICIANS SHOULD STATE CAUSE OF DEATH PROMPTLY.

VOID IF UNAUTHORIZED CHANGES OR ERASURES ARE MADE ON THIS COPY

STATE OF OREGON
County of Multnomah } ss.

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.

DATE ISSUED MAY 2 1967

Florence E. Miller
STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganong, Gandng & Gordon
this 4th day of May 67 3:44 o'cl P. M., and
duly recorded in Vol. M 67, of Deeds on Page 3341
DOROTHY ROBERTS, County Clerk
Fee $1.50 By Carol L. Shelley Deputy

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