

14325
OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 150		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) CHESTER ARTHUR WICKERSHAM		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, (if outside corporate limits, so specify) OR LOCATION Klamath Falls C. LENGTH OF STAY IN 28 38 years		C. CITY, TOWN (if outside corporate limits, so specify) OR LOCATION Klamath Falls	
D. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Presbyterian Intercommunity Hospital		D. STREET ADDRESS, RURAL ROUTE, ETC. 201 South Shore Lane	
4. DATE OF DEATH Month May Day 15 Year 1967		5. SEX Male 6. COLOR OR RACE White	
7. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		8. SOCIAL SECURITY NO. 532-01-8569	
9. USUAL OCCUPATION (Kind of work done during most of life) Retired - lumberman		10. KIND OF BUSINESS WOODS	
11. NAME OF SPOUSE None		12. DATE OF BIRTH Month February Day 1 Year 1884	
13. AGE LAST BIRTHDAY Yrs. 83		14. BIRTHPLACE (State or Foreign Country) Butler County, Kansas	
15. WAS DECEASED A CITIZEN OF U. S. <input checked="" type="checkbox"/> Foreign Country <input type="checkbox"/> Name of Country		16. IF DECEASED WAS A VETERAN. WHAT WAR? No	
17. NAME OF FATHER Frank B. Wickersham		18. MAIDEN NAME OF MOTHER Laura Taylor	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Mrs. Dale Alter (Daughter)		20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Stroke Interval Between Onset and Death (years, days, hours, etc.) days Conditions, if any, which gave rise to above cause (B): Arteriosclerotic cardiovasc. disease years stating the underlying cause last: DUE TO (C): PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): Bronchopneumonia Prostatic hypertrophy	
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. WAY DEATH RESULTED OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		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 10:15 Minute 00 Second 00		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I attended the deceased from 5/15/67 to 5/16/67 and that the death occurred at Klamath Falls, Oregon on the date stated above.			
Signature Glenn Miller, M.D.		Date Signed 5/16/67	
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 5/18/67	
30C. NAME OF CREMATORY OR CEMETERY Mountain View cemetery		30D. LOCATION (City or Town) State Centralia, Washington	
31. DATE RECEIVED BY REGISTRAR 5-18-67		32. REGISTRAR'S SIGNATURE Marion Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Ward Klamath Falls, Oregon			

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. Korrion, M.D.
Registrar Vital Statistics

By Marion Ackerman
Deputy
Date May 17, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at Klamath Falls this 23rd day of May 1967 at 4:11 o'clock P.M., and duly recorded in Vol. K.67, of Deeds at 3847.

Fee \$ 1.50

By Glenn Miller
County Clerk