

14357

OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION

3891

## CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 141		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)			
First GEORGE		Middle WASHINGTON	Last VAN HORN
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, OR LOCATION Klamath Falls		C. CITY, TOWN, OR LOCATION Klamath Falls	
C. LENGTH OF STAY IN 28 40 years		D. STREET ADDRESS, RURAL ROUTE, ETC. 3026 Altamont Drive	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR Presbyterian Intercommunity Hospital			
4. DATE OF DEATH Month Day Year May 10 1967		5. SEX Male	6. COLOR OR RACE White
7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		11. NAME OF SPOUSE Cora Van Horn	
8. SOCIAL SECURITY NO. 542-38-7676		9. USUAL OCCUPATION (Kind of work done during most of life) Blacksmith (retired)	
10. KIND OF BUSINESS OR INDUSTRY Oregon State Hwy.		12. DATE OF BIRTH Month Day Year February 22 1893	
13. AGE LAST BIRTHDAY 74		14. BIRTHPLACE (State or Foreign Country) Cass County, Nebraska	
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? W.W. # 1	
17. NAME OF FATHER Joseph Van Horn		18. MAIDEN NAME OF MOTHER Cecilia Dixon	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Cora Van Horn (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): Anterior myocardial infarction Interval Between Onset and Death (Years, days, hours, etc.) 30 min. DUE TO (B): Coronary occlusion 30 min. DUE TO (C): Generalized arteriosclerosis	
21. If deceased was female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input 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 a. m. p. m.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I attended (Indicate date of death) the deceased from or on April 6, 1950 to May 10, 1967, and that the death occurred at 8:15a m. from the causes and on the date stated above. > William G. Holford, Jr., M.D. Klamath Falls, Oregon May 11, 1967 (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 5/13/67	
30C. NAME OF CREMATORY OR CEMETERY Walter C. Ball & Son		30D. LOCATION (City or Town) State Sunnyside, Washington	
31. DATE RECEIVED BY LOCAL REGISTRAR 5-11-67		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm P. Kendall 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. Kerron, M.D.  
Registrar Vital StatisticsBy Marian Ackerman  
Deputy  
Date May 12, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Cora VanHorn  
this 24 day of May 1967 9:46'clock a M., and  
duly recorded in Vol. M-67, of Deeds on Page 3891.  
Fee 1.50  
By Donna M. Rogers, County Clerk