

OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 183		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED First Middle Last Marguerite Edna Woyak		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, OR LOCATION Klamath Falls C. LENGTH OF STAY IN 2B 40 Yrs.		C. CITY, TOWN OR LOCATION Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC. 1954 Auburn St.	
4. DATE OF DEATH Month Day Year June 18, 1967		5. SEX Female	
6. SOCIAL SECURITY NO. 543-20-5720		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. USUAL OCCUPATION (Kind of work done during most of life) Homemaker		9. KIND OF BUSINESS OR INDUSTRY	
10. NAME OF SPOUSE Henry B. Woyak		11. NAME OF SPOUSE	
12. DATE OF BIRTH Month Day Year December 7, 1906		13. AGE LAST BIRTHDAY Yrs. 60	
14. BIRTHPLACE (State or Foreign Country) Boise, Idaho		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country	
16. IF DECEASED WAS A VETERAN, WHAT WART No		17. NAME OF FATHER Leroy Emerson	
18. MAIDEN NAME OF MOTHER Effie Bates		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Henry B. Woyak, husband	
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 Anterior Infarction Interval between Onset and Death (Years, days, hours, etc.) 2 Hours DUE TO (B): Arteriosclerotic Heart Disease 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): Old posterior infarction 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. 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 27. DESCRIBE HOW INJURY OCCURRED. 28. CERTIFICATE I certify that I attended (if applicable) the deceased from or on 6-17-67 to 6-18-67 and that the death occurred at 5:35a m. from the causes and on the date stated above. Jun 19 1967 Everett B. Howard, M.D. 613 Medical Dental Bldg. Klamath Falls, Oregon (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 6-21-67 30C. NAME OF CREMATORY OR CEMETERY Klamath Mem. Park 30D. LOCATION (City or Town) State Klamath Falls, Ore. 31. DATE RECEIVED BY LOCAL REGISTRAR 6-19-67 32. REGISTRAR'S SIGNATURE Marian Ackerman 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair 515 Pine, K. Falls, Ore.			

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 Statistics

By Marian Ackerman  
Deputy

Date June 21, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at Klamath Falls, Oregon, this 22nd day of June 1967, at 11:51 a.m. and duly recorded in Vol. M.67, Deeds, Page 4713, Klamath County Clerk.

Fee \$2.50

By Carol Wheeler