15215 OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol M-67 Page 4962

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 359

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: QUINCY; Middle: AUSTIN; Last: MOORE

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: 7 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Klamath Valley 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.: 1505 California Avenue

4. DATE OF DEATH — Month: November; Day: 27; Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 509-03-3103
9. USUAL OCCUPATION (Kind of work done during most of life): Dispatcher
10. KIND OF BUSINESS OR INDUSTRY: G.N. Railroad
11. NAME OF SPOUSE: Lillian "Dollie"
12. DATE OF BIRTH — Month: June; Day: 19; Year: 1909
13. AGE LAST BIRTHDAY: 53 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Council Grove, Kansas
15. WAS DECEASED A CITIZEN OF [X] U. S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: David Moore
18. MAIDEN NAME OF MOTHER: Florence Perry
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Lillian "Dollie" Moore Wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) — Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial insufficiency — 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B): Renal failure with resulting — 3 days
DUE TO (C): acute uremia

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a).

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
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 ..... a. m. ..... p. m. — Hour / Month / Day / Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) the deceased from or on 21 Jan '56 (date) to 27 Nov '62 (date) and that the death occurred 6:45a. m. from the causes and on the date stated above.
Neil Black, M.D. (Signature) — (Title) — Klamath Falls, Oregon (Address) — 27 Nov '62 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 12/1/62
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 11-29-62
32. REGISTRAR'S SIGNATURE: Marian 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.

S. M. Kerron, M.D.
Registrar Vital Statistics

(SEAL)

By Marian Ackerman Deputy

Date November 29, 1962

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of:

Klamath County Title

on this 30 June 1967

at 4:12 P

recorded in M-67 Deeds

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Beverly H. Stephens, County Clerk

By Beverly J. Taylor

Fee 1.50