

15306

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

5060

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 319		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last	
David		Alma Richardson	
2. PLACE OF DEATH A. COUNTY		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE B. COUNTY	
Klamath		Oregon Klamath	
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify)		C. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify)	
Klamath Falls		Klamath Falls	
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		D. STREET ADDRESS, RURAL ROUTE, ETC.	
D.O.A. Intercomm. Hospt.		230 Newcastle St.	
4. DATE OF DEATH Month Day Year		5. SEX	
October 28, 1966		Male	
6. SOCIAL SECURITY NO.		7. MARITAL STATUS	
541-36-7775		<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)		9. KIND OF BUSINESS OR INDUSTRY	
Lumber Mill owner		Lumber	
10. DATE OF BIRTH Month Day Year		11. AGE LAST BIRTHDAY Yrs. Months Days	
October 4, 1904		62	
12. BIRTHPLACE (State or Foreign Country)		13. IF DECEASED WAS A CITIZEN OF <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Foreign Country	
Canada		Name of Country	
14. NAME OF FATHER		15. MAIDEN NAME OF MOTHER	
No Record		Clara Toleman	
16. NAME OF FATHER		17. MAIDEN NAME OF MOTHER	
No Record		Clara Toleman	
18. NAME OF FATHER		19. MAIDEN NAME OF MOTHER	
No Record		Clara Toleman	
20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):		Recent Myocardial Infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:		DUE TO (B): Occlusion of recanalized rt post circumflex artery	
		DUE TO (C): Arteriosclerotic Heart Disease	
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):		Interval Between Onset and Death (Years, days, hours, etc.)	
		minutes	
21. If deceased was Female, was there a pregnancy in the past 12 months?		22. Was an Autopsy performed?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Yes <input 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	
25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		26. TIME OF INJURY Hour Month Day Year	
27. DESCRIBE HOW INJURY OCCURRED.			
28. CERTIFICATE: I certify that I (signature) (investigated the death of) the deceased from or on Oct. 28, 1966 to (date) and that the death occurred at 3 p.m. from the causes and on the date stated above. J. Martin Adams, M.D. Asst. Med. Inv. Klamath Falls, Oregon 11-1-66 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 10-31-66	
30C. NAME OF CREMATORY OR CEMETERY		30D. LOCATION (City or Town) State	
Ashland Crematory		Ashland, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR 11-1-66		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair O'Hair's-515 Pine, K. Falls			

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 November 2, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, ss
County of Klamath, ss

Filed for record at request of:

Beddoe and Wood

on this 6 day of July, A.D. 1967

at 3:15 P.M. and 1967

recorded in vol. M-67 Deeds

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DOROTHY H. GENS, County Clerk

Fee 1.50

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