

15843

OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION

5761

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 220		STATE FILE NO.	
DATE RECEIVED			
1. NAME OF DECEASED (Type or print all entries in black ink)		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 2B 25 yrs	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pres. Intercomm. Hospt.		E. STREET ADDRESS, RURAL ROUTE, ETC. 532 North 4th St.	
4. DATE OF DEATH Month Day Year July 25, 1967		5. SEX Male	
6. SOCIAL SECURITY NO. 429-05-5030-A		7. USUAL OCCUPATION (Kind of work done during most of life) Millwright	
8. DATE OF BIRTH Month Day Year Sept. 12, 1893		9. AGE LAST BIRTHDAY 73	
10. BIRTHPLACE (State or Foreign Country) Pineland, Texas		11. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country	
12. NAME OF FATHER Wm. Pope Thornton		13. MAIDEN NAME OF MOTHER No record	
14. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Coronary Occlusion		15. IF DECEASED WAS A VETERAN, WHAT WAR? no	
16. CONDITIONS, if any, which gave rise to above cause last: DUE TO (B):		17. 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	
18. DUE TO (C):		19. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22. IF ACCIDENT, DID INJURY OCCUR? <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		23. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
24. TIME OF INJURY Month Day Year July 25, 1967		25. DESCRIBE HOW INJURY OCCURRED	
26. CERTIFICATE: Certify that I (attended) <u>John D. Merryman, M.D.</u> the deceased from or on <u>July 25, 1967</u> to <u>7-25-67</u> and that the death occurred at <u>2:25 p.m.</u> from the causes and on the date stated above.			
27. RESERVED FOR REGISTRAR'S USE			
28. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		29. DATE 7-29-67	
30. NAME OF CEMETERY OR CEMETERY Eternal Hills		31. LOCATION (City or Town) Klamath Falls, Oregon	
32. DATE RECEIVED BY 32. REGISTRAR'S SIGNATURE 7-26-67		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 July 27, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, } ss  
County of Klamath }

Filed for record at request of:

James Thornton

on this 27 day of July A.D. 19 67

at 3:15 P.M. and duly

recorded in Vol. M-67 Deeds

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Dorothy R. Gens, County Clerk

Fee 1.50

By Lester J. Hayden Deputy