

CERTIFIED COPY 16349
OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. M-67 Page 6411

67-10262 STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 296 STATE OF OREGON BOARD OF HEALTH—PORTLAND
 FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

STATE FILE NO. 12395
 DATE RECEIVED DEC 1 5 1953

1. NAME OF DECEASED (Type or print) Herbert Alexander Husted
 a. (First) b. (Middle) c. (Last)

2. PLACE OF DEATH A. COUNTY Klamath
 B. CITY (If outside corporate limits, write RURAL location) Klamath Falls
 C. LENGTH OF STAY (in this place) 7 years

3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 A. STATE Oregon B. COUNTY Klamath
 C. CITY (If outside corporate limits, write RURAL) Klamath Falls
 D. STREET (If rural, give location) ADDRESS 3149 Butte

4. DATE (Month) (Day) (Year) November 30, 1953 5. SEX Male 6. COLOR OR RACE White
 7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7B. NAME OF HUSBAND OR WIFE Hazel

8. DATE OF BIRTH October 1, 1906 9. AGE (in years) 47 10. BIRTHPLACE (State or foreign country) North Carolina 11. CITIZEN OF WHAT COUNTRY? USA

12. FATHER'S NAME Howard R. Husted 13. MOTHER'S MAIDEN NAME Rosada Alexander

14A. USUAL OCCUPATION Millworker 14B. KIND OF BUSINESS OR INDUSTRY Plywood mill 15. IF VETERAN, GIVE WAR None 16. INFORMANT'S OWN SIGNATURE Gorae Luce

17. SOCIAL SECURITY NO. 520-14-0292 18. CAUSE OF DEATH
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Accidental trauma by crushing
 II. OTHER SIGNIFICANT CONDITIONS Due to (S) Morbid conditions, if any, giving rise to the above cause (s) stating the underlying cause last.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE Accident 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office) Street/railroad inter. 21C. (CITY, TOWN, OR TOWNSHIP) Klamath Falls (COUNTY) Klamath (STATE) Oregon

21D. TIME (Month) (Day) (Year) Nov. 30, 1953 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21F. HOW DID INJURY OCCUR? fell over logs, onto pathway of oncoming freight train

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM took charge of the remains 19. THAT I LAST SAW THE DECEASED ALIVE ON 11:22 a.m. AND THAT DEATH OCCURRED AT 11:22 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23. SIGNATURE [Signature] M.D., Klamath County Coroner, Klamath Falls, Oregon 23C. DATE SIGNED Dec 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 12/4/53 24C. NAME OF CEMETERY OR CREMATORY Klamath Memorial Park 24D. LOCATION (City, town, or county) (State) Klamath Falls, Oregon

DATE REC'D BY LOCAL REG. 12-2-53 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Klamath Falls, Oregon

STATE OF OREGON
 County of Multnomah

DATE ISSUED

AUG 14 1967

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

STATE REGISTRAR

VS-112 Rev. 2-2-57

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at room 16 Oregon Title Insurance Co.
 this 17 day of August A. D. 1967 11:31 A. M., and
 duly recorded in Vol. M-67, of Deeds on Page 6411.
 Fee \$1.50 LOROTHY ROGERS, County Clerk
 By [Signature]