

16864

Vol. 167

7053

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 39		STATE FILE NO.	
DATE RECEIVED			
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last	
Angus W. Newton			
2. PLACE OF DEATH A. COUNTY		3. USUAL RESIDENCE (If institution, give residence before admission)	
Curry		A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify)		C. CITY, TOWN (If outside corporate limits, so specify)	
Brookings		Klamath Falls	
C. LENGTH OF STAY IN 2B 1 day		D. STREET ADDRESS, RURAL ROUTE, ETC.	
D. NAME OF HOSPITAL (If not in hospital, give street address)		423 Plum Street	
Institution Brookings Inn - Rm. #38			
4. DATE OF DEATH Month Day Year		5. SEX	
August 27, 1967		Male	
6. COLOR OR RACE		7. MARITAL STATUS	
Caucasian		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION (Kind of work done during most of life)	
5111-09-6177A		Retired	
10. KIND OF BUSINESS OR INDUSTRY		11. NAME OF SPOUSE	
Decorator		Annabelle Newton	
12. DATE OF BIRTH Month Day Year		13. AGE LAST BIRTHDAY	
July 20, 1889		78 Yrs.	
14. BIRTHPLACE (State or Foreign Country)		15. WAS DECEASED A CITIZEN OF	
Glendive, Montana		<input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country	
17. NAME OF FATHER		18. MAIDEN NAME OF MOTHER	
Samuel J. Newton		Carrie S. Hansen	
19. IF DECEASED WAS A VETERAN, WHAT WAR?		20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C).)	
WW I & WW II		PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Coronary occlusion -- Immediately	
21. If deceased was Female, was there a pregnancy in the past 12 months?		22. Was an Autopsy performed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. WAS DEATH RESULT OF		24. IF ACCIDENT, DID INJURY OCCUR	
<input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		<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 Month Day Year		27. DESCRIBE HOW INJURY OCCURRED.	
No injury		No injury	
28. CERTIFICATE		29. RESERVED FOR REGISTRAR'S USE	
I certify that (Signature) (Investigated the death of) the deceased from or on 8-27-67 to 10 a m. from the cause and on the date stated above.			
J. Robert Schmidt, M.D., Medical Invest. Brookings, Oregon 9-1-67			
30A. DECEASED WILL BE		30B. DATE	
<input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		8-31-67	
30C. NAME OF CREMATORY OR CEMETERY		30D. LOCATION (City or Town) State	
Klamath Memorial Pk.		Klamath Falls, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR		32. REGISTRAR'S SIGNATURE	
9-6-67		Dorothea F. Miller	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS		34. DATE RECEIVED BY LOCAL REGISTRAR	
Wade L. Smith, Gold Beach, Oregon		9-6-67	

STATE OF OREGON

County of Curry

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Department of Health.

(SEAL)

Dorothea F. Miller
Registrar Vital Statistics

By

Date Sept. 6, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of Annabelle Newton 11:16
this 12th day of September 1967 at o'clock A.M., and
duly recorded in Vol. M. 67, of Deeds on Page 7053

DOROTHY ROGERS, County Clerk

By Louise Mitchell

Return to:
Annabelle Newton
423 Plum St. City