

16864 Vol. M67 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 First: Angus Middle: W. Last: Newton			
2. PLACE OF DEATH A. COUNTY: Curry		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE: Oregon B. COUNTY: Klamath	
B. CITY, TOWN, OR LOCATION: Brookings		C. CITY, TOWN, OR LOCATION: Klamath Falls	
C. LENGTH OF STAY IN 2B: 1 day		D. STREET ADDRESS, RURAL ROUTE, ETC.: 423 Plum Street	
D. NAME OF HOSPITAL (If not in hospital, give street address): Institution: Brookings Inn - Rm. #38			
4. DATE OF DEATH: August 27, 1967		5. SEX: Male	6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married			
8. SOCIAL SECURITY NO.: 5111-09-6177A		9. USUAL OCCUPATION (Kind of work done during most of life): Retired	10. KIND OF BUSINESS OR INDUSTRY: Decorator
11. NAME OF SPOUSE: Annabelle Newton			
12. DATE OF BIRTH: July 20, 1889		13. AGE LAST BIRTHDAY: 78 Yrs.	
14. BIRTHPLACE (State or Foreign Country): Glendive, Montana		15. WAS DECEASED A CITIZEN OF: <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country	16. IF DECEASED WAS A VETERAN, WHAT WAR?: WW I & WW II
17. NAME OF FATHER: Samuel J. Newton		18. MAIDEN NAME OF MOTHER: Carrie S. Hansen	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Annabelle Newton, Wife
20. 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 -- Immediately Interval Between Onset and Death (Years, days, hours, etc.): Immediately			
DUE TO (B): Hypertensive arteriosclerotic heart disease 3 years			
DUE TO (C):			
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): None			
21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" 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	
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.):		25B. City: County: State:	
26. TIME OF INJURY: No injury		27. DESCRIBE HOW INJURY OCCURRED: No injury	
28. CERTIFICATE: Certify that (Signature) (Investigated the death of) the deceased from or on 8-27-67 to (Date) and that the death occurred at 10 a. m. from the cause and on the date stated above.			
/s/ J. Robert Schmidt, M.D., Medical Invest. Brookings, Oregon 9-1-67 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE: <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE: 8-31-67	
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Pk.		30D. LOCATION (City or Town) State: Klamath Falls, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR: 9-6-67		32. REGISTRAR'S SIGNATURE: /s/ Dorothea F. Miller	
		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: /s/ Wade L. Smith, Gold Beach, Oregon	

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
this 12th day of September 1967 at 11:16 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