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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. M-67 PAGE 8197

CERTIFIED COPY OF DEATH RECORD

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 617

STATE FILE NO.

DATE RECEIVED

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

FORM VS-2

1. NAME OF DECEASED (Type or print all entries in black ink) — First: DALE — Middle: F. — Last: VINCENT
2. PLACE OF DEATH
   - A. COUNTY: Jackson
   - B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Medford
   - C. LENGTH OF STAY IN 2B: 2½ hours
   - D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Providence Hospital
3. USUAL RESIDENCE (If institution, give residence before admission)
   - A. STATE: Oregon
   - B. COUNTY: Jackson
   - C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Central Point
   - D. STREET ADDRESS, RURAL ROUTE, ETC: 1985 Taylor Road
4. DATE OF DEATH (Month Day Year): October 26, 1966
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 532-05-3853
9. USUAL OCCUPATION (Kind of work done during most of life): Photographer, Writer.
10. KIND OF BUSINESS: self-employed
11. NAME OF SPOUSE: Violet
12. DATE OF BIRTH (Month Day Year): August 9, 1896
13. AGE LAST BIRTHDAY: 70 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Missouri
15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? —
17. NAME OF FATHER: James Wiley Vincent
18. MAIDEN NAME OF MOTHER: Annie Delphine White
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Violet Vincent, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C).)

PART I	Cause	Interval Between Onset and Death (Years, days, hours, etc.)
DEATH WAS CAUSED BY IMMEDIATE CAUSE (A):	Myocardial infarction	6 days.
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last — DUE TO (B):	Coronary sclerosis	?.
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? ☐ Yes ☐ No ☐ Unknown
22. Was an Autopsy performed? ☒ Yes ☐ No
23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City County State
26. TIME OF INJURY Hour .... a.m. .... p.m. Month Day Year
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I (attended) (investigated the death of) the deceased from or on Oct. 26, 1966 to Oct. 26, 1966 (date) and that the death occurred at 3:50P.m. from the causes and on the date stated above.
    (Signature) [signature] M.D. (Title) — (Address) 1035 East Main, Medford — (Date Signed) 10-31-6[6]
29. RESERVED FOR REGISTRAR'S USE [illegible]
30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: Oct.29,1966
30C. NAME OF CREMATORY OR CEMETERY: Eastwood Oddfellows Cemetery
30D. LOCATION (City or Town) State: Medford, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR
32. REGISTRAR'S SIGNATURE: Alvin Merkel, M.D.
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J. S. Duffy — Conger-Morris, Medford, Ore.

STATE OF OREGON

County of Jackson

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

(SEAL) JACKSON COUNTY

Alvin Merkel, M.D.
Registrar Vital Statistics

By Josephine Koppes

Date 11-4 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Violet Vincent

on this 23 day of October A.D. 1967 at 10:55 o'clock AM., and duly recorded in Vol. M-67 of Deeds Page 8197

DOROTHY ROGERS, County Clerk

By [signature] Deputy

Fee 1.50

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