17825

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL M67 PAGE 8211

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 249

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: THEODORE; Middle: WILLIAM; Last: GELHAAR

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 30 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 806 Owens

4. DATE OF DEATH: Month: August; Day: 30; Year: 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 541-09-8488
9. USUAL OCCUPATION (Kind of work done during most of life): Laborer- roundhouse
10. KIND OF BUSINESS OR INDUSTRY: Southern Pacific Co.
11. NAME OF SPOUSE: Margaret Gelhaar
12. DATE OF BIRTH: Month: May; Day: 3; Year: 1909
13. AGE LAST BIRTHDAY: Yrs. 58; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Elwood, Nebraska
15. WAS DECEASED A CITIZEN OF U. S. ☒ / Foreign Country ☐ Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W.#2
17. NAME OF FATHER: Otto Gelhaar
18. MAIDEN NAME OF MOTHER: Mary Mayer
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Margaret Gelhaar (Wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Hypoxia — Interval Between Onset and Death (Years, days, hours, etc.): hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Acute Pulmonary Edema — "
DUE TO (C): Cardiac Failure (cause undetermined)

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Fatty metamorphosis Liver

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 7:45a on 8/30/67 (date) to ..... and that the death occurred at ..... m. from the causes and on the date stated above.
Performed an autopsy
(Signature) George R. Nicholson, M.D. (Title) — (Address) Klamath Falls, Oregon — 9/1/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 9/3/67
30C. NAME OF CREMATORY OR CEMETERY: Jacksonville cemetery
30D. LOCATION (City or Town) State: Jacksonville, Oregon
31. DATE RECEIVED BY REGISTRAR: 9-1-67
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Vard Klamath Falls, Oregon

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 Deputy Marian Ackerman
Date September 5, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss
Filed for record at request of
Margaret Gelhaar
on this 23rd day of October A. D. 19 67
at 2:07 o'clock P. M. and duly
recorded in Vol. M 67 of Deeds
Page 8211.
DOROTHY ROGERS, County Clerk
By Deputy
Fee $ 1.50

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