18378 OREGON STATE BOARD OF HEALTH VOL M-67 PAGE 8933
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 320 STATE FILE NO. DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Charles; Middle: Joseph; Last: Smith

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 28 IF OUTSIDE LOCALITY: 1 day; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pres. Intercomm. Hospt.

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.: 1632 Arthur St.

4. DATE OF DEATH: Month November, Day 14, Year 1967
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 541-09-8418
9. USUAL OCCUPATION (Kind of work done during most of life): Retired
10. KIND OF BUSINESS OR INDUSTRY: Cabinet Maker
11. NAME OF SPOUSE: Margaret Smith
12. DATE OF BIRTH: Month March, Day 28, Year 1905
13. AGE LAST BIRTHDAY: 62 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Bristen, Montana
15. WAS DECEASED A CITIZEN OF U. S. ☒ ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: No
17. NAME OF FATHER: Howard John Smith
18. MAIDEN NAME OF MOTHER: Clara Selma Leiske
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Margaret Smith

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)

		Interval Between Onset and Death
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	a. Massive Hemorrhage & shock c. Severe Mediastinal shift & flutter	Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):	1. Ruptured abdominal ansuryem 2. Tension Pneumatherax, left	hours minutes
DUE TO (C):	1. Arteriosclerosis 2. Spontaneous Rupture emphysematesis blab	years minutes

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

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, the undersigned, saw the deceased from or on 11-17-67 (date) and that the death occurred at 10:00 A.M. Performed autopsy (date) to the causes and on the date stated above.
▸ George R. Nicholson, M.D. (Signature) — (Title) — Klamath Falls, Ore. (Address) — 11-16-67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other — 11-17-67
30B. NAME OF CREMATORY OR CEMETERY: Klamath Mem. Park
30C. LOCATION (City or Town, State): Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 11-17-67
32. REGISTRAR'S SIGNATURE: ▸ Mary Nelson
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's Mike O'Hair 515 Pine, K. Falls, Ore.

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 Mary Nelson
Date November 17, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Margaret L. Smith

on this 20th day of November A.D. 1967 at 9:40 o'clock AM, and duly recorded in Vol. M-67 of Deeds Page 8933.

DOROTHY ROGERS, County Clerk
By Beverly J. Hyde Deputy

Fee 1.50