18121 CERTIFIED COPY

VOL M67 PAGE 8976

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH OF PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 293 3-7-15

STATE FILE NO. 11702

DATE RECEIVED OCT 20 1956

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK. IF ANY ITEM OF INFORMATION SHOULD BE FALSELY SUPPLIED, AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink) — First: CECELIA; Middle: MATHILDA; Last: JOHNSON

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: 20 yrs.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Hillside 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.: 3936 Freida St.

4. DATE OF DEATH (Month, Day, Year): Oct. 13, 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: X Married; ☐ Widowed; ☐ Divorced; ☐ Never Married
8. SOCIAL SECURITY NO.: None
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: Own Home
11. NAME OF SPOUSE: Karl
12. DATE OF BIRTH (Month, Day, Year): March 15, 1906
13. AGE LAST BIRTHDAY: 50 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Phoenix, Michigan
15. WAS DECEASED A CITIZEN OF: X U. S.; ☐ Foreign Country, Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?
17. NAME OF FATHER: Anthony Crobeau
18. MAIDEN NAME OF MOTHER: Sarah Brown
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Karl Johnson-Husband

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): Intra Cerebral Hemorrhage — Interval Between Onset and Death: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Hyper tension
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): Obesity

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 Ooccurred.

28. CERTIFICATE: I Certify that I (attended) (investigated the death of the deceased from or on Oct 13 (date) to Oct 13 (date) and that the death occurred at 1:11 P.M. from the causes and on the date stated above.
Raymond Fitch M.D. (Signature) (Title) Klamath Falls, Oregon (Address) Oct 14 56 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WAS: ☒ Buried ☐ Cremated ☐ Removed ☐ Other — 30B. DATE: 10/16/56 — 30C. NAME OF CREMATORY OR CEMETERY: Mt. Calvary Cemetery — 30D. LOCATION (City or Town), State: Klamath Falls, Oregon — 331 X

31. DATE RECEIVED BY LOCAL REGISTRAR: 10-15-56
32. REGISTRAR'S SIGNATURE: Lucille Storey
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [illegible] Klamath Falls, Oregon

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED NOV 14 1967

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Elmira M. Martin
STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Karl H. Johnson

this 20th day of November A. D. 19 67 at 11:11 o'clock P M., and

duly recorded in Vol. M 67, of Deeds on Page 8976

DOROTHY ROGERS, County Clerk

Fee $ 1.50

By Carol D. Howard