18976

CERTIFIED COPY

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. ______ PAGE 9740

LOCAL REGISTRAR'S NUMBER 314

STANDARD CERTIFICATE OF DEATH

STATE BOARD OF HEALTH, PORTLAND — PUBLIC HEALTH SERVICE

STATE FILE NO. ______

DATE RECEIVED NOV 1967

1. NAME OF DECEASED (Type or print all entries in black ink): First JOSEPHINE (JOSE) Middle GERTRUDE Last BROWN

2. PLACE OF DEATH
   - A. COUNTY: Klamath
   - B. CITY, TOWN, OR LOCATION: Klamath Falls
   - C. LENGTH OF STAY IN 2B: 41 years
   - D. NAME OF HOSPITAL OR INSTITUTION: Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE
   - A. STATE: Oregon
   - B. COUNTY: Klamath
   - C. CITY, TOWN, OR LOCATION: Klamath Falls
   - D. STREET ADDRESS, RURAL ROUTE, ETC.: 632 N. 10th Street

4. DATE OF DEATH: November 6 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARITAL STATUS: ☒ Widowed

8. SOCIAL SECURITY NO.: 541-09-9922-A

9. USUAL OCCUPATION: Housewife

10. KIND OF BUSINESS OR INDUSTRY: At home

11. NAME OF SPOUSE: ______

12. DATE OF BIRTH: November 28 1891

13. AGE LAST BIRTHDAY: 75 Yrs.

14. BIRTHPLACE (State or Foreign Country): Rush, Oregon

15. WAS DECEASED A CITIZEN OF: ☒ U.S.

16. IF DECEASED WAS A VETERAN, WHAT WAR?: No

17. NAME OF FATHER: William Thomas Bostwick

18. MAIDEN NAME OF MOTHER: Florence Augusta Schmidt

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Geraldine Clark (Daughter)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
   - PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Massive infarction of brain — Interval between onset and death: hours
   - DUE TO (B): Basilar artery thrombosis — "
   - DUE TO (C): ______
   - PART II. Other significant conditions contributing to death: Senile cerebral arteriosclerosis

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

21. If deceased was female, was there a pregnancy in the past 12 months? ☒ No

22. Was an autopsy performed? ☒ Yes

23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide

24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work

25A. PLACE OF INJURY: ______

25B. City ______ County ______ State ______

26. TIME OF INJURY: ______

27. DESCRIBE HOW INJURY OCCURRED: ______

28. CERTIFICATE: I certify that I (attended) (investigated the death of) Performed an autopsy ... 11/7/67 ... the death occurred at 7:55 a.m. from the causes and on the date stated above.
(Signature) [signature] M.D., Klamath Falls, Oregon (Date Signed) 11/7/67

29. RESERVED FOR REGISTRAR'S USE: 332X

30A. DECEASED WILL BE: ☒ Buried ☒ Cremated ☒ Removed ☐ Other

30B. DATE: 11/9/67

30C. NAME OF CREMATORY OR CEMETERY: Mt. View Cemetery

30D. LOCATION (City or Town): Ashland, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 11-8-67

32. REGISTRAR'S SIGNATURE: Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward, Klamath Falls, Oregon

STATE OF OREGON }
County of Multnomah } ss.

DATE ISSUED DEC 7 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.

[signature]
STATE REGISTRAR

VS-112 Rev. 3-1-67

STATE OF OREGON, }
County of Klamath } ss

Filed for record at request of

Geraldine Clark

on this 14 day of December A. D. 1967

at 4:30 o'clock P.M., and duly

recorded in Vol. M-67 of Deeds

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DOROTHY ROGERS, County Clerk

By [signature] Deputy

Fee 1.50

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