19480 **OREGON STATE BOARD OF HEALTH** VOL. M68 PAGE 214
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 5
STATE FILE NO.
DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First: Chester — Middle: Earl — Last: Hall

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: 41 yrs.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pres. Intercom. Hosp.

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): Chiloquin
D. STREET ADDRESS, RURAL ROUTE, ETC.: Chiloquin

4. DATE OF DEATH: Month Jan. Day 8 Year 1966
5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 540 05 8953
9. USUAL OCCUPATION (Kind of work done during most of life): Shell Oil Jobber
10. KIND OF BUSINESS OR INDUSTRY: Service Station
11. NAME OF SPOUSE: Melita Hall
12. DATE OF BIRTH: Month Jan. Day 17 Year 1912
13. AGE LAST BIRTHDAY Yrs.: 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Cottonwood, Calif.
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: Robert F. Hall
18. MAIDEN NAME OF MOTHER: Katie Herrick
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Melita Hall, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c))

		Interval Between Onset and Death (Years, days, hours, etc.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Cardiac arrythmia	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (B)	Rheumatic Heart Disease	18 mos
DUE TO (C)	Aortic valve prosthesis	

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. CERTIFICATION: I hereby certify that I attended the deceased from June 1964 (date) to 1/8/66 (date) and that the death occurred at 5:30PM from the causes and on the date stated above.
▶ Mark S. Kochevar, M.D. (Signature) (Title) Klamath Falls, Oregon (Address) 1-10-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 1/11/66
30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
30D. LOCATION (City or Town) State: Klamath Falls, Ore.
30E. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's ▶ Mike O'Hair 515 Pine Klamath Falls, Ore
31. DATE RECEIVED BY LOCAL REGISTRAR: 1-10-66
32. REGISTRAR'S SIGNATURE: ▶ Marian Ackerman

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.

S. M. Kerron, M.D.
Registrar Vital Statistics

(SEAL)

By *Marian Ackerman*
Deputy

Date January 12, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss
Filed for record at request of
J. Anthony Giacomini
on this 10th day of January A. D. 19 66
at 3:14 o'clock P.M. and duly
recorded in Vol. M-68 of Deeds
Page 214
DOROTHY ROGERS, County Clerk
By *Louise M. Knutson* Deputy

Fee 1.50

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