19594

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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 306

STATE FILE NO. 13062

DATE RECEIVED OCT 2 A 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY 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: Helen — Middle: — Last: Atchinson

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION: Klamath Falls
C. LENGTH OF STAY IN 2B: 18 yrs
D. NAME OF HOSPITAL OR INSTITUTION: Hillside Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Keno
D. STREET ADDRESS, RURAL ROUTE, ETC.: Box 93 Keno

4. DATE OF DEATH: Oct. 3 1962
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: Married

8. SOCIAL SECURITY NO.: ----
9. USUAL OCCUPATION: ----Hswf
10. KIND OF BUSINESS OR INDUSTRY: ----
11. NAME OF SPOUSE: Ray Atchinson

12. DATE OF BIRTH: Dec. 30 1904
13. AGE LAST BIRTHDAY: 57 Yrs.

14. BIRTHPLACE (State or Foreign Country): Pennsylvania
15. WAS DECEASED A CITIZEN OF: U.S.
16. IF DECEASED WAS A VETERAN, WHAT WAR? ---

17. NAME OF FATHER: Lars Peter Karlson
18. MAIDEN NAME OF MOTHER: Hannah Peterson
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Hospital records

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): Cerebral vascular Accident — Interval Between Onset and Death: 3 hours
DUE TO (B):
DUE TO (C):
PART II: Other Significant Conditions

21. If deceased was Female, was there a pregnancy in the past 12 months? No
22. Was an Autopsy performed? No

23. WAS DEATH RESULT OF: Accident / Suicide / Homicide
24. IF ACCIDENT, DID INJURY OCCUR: At Work / Not At Work
25A. PLACE OF INJURY
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I attended the deceased from 10 3 62 to 10/3/62 and that the death occurred at 8:45 PM on the date stated above.
EVERETT E. HOWARD
613 Medical-Dental Bldg.
Klamath Falls, Oregon
OCT 5 1962

29. RESERVED FOR REGISTRAR'S USE 331X

DATE: 10/6/62
NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park
LOCATION: Klamath Falls, Ore
Box 374 Klamath Falls, Ore

STATE OF OREGON, COUNTY OF MULTNOMAH) SS — DATE ISSUED Jan. 12 1968

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.

STATE REGISTRAR

Ret: [illegible]
[illegible]
K-[illegible]

STATE OF OREGON, } ss
County of Klamath }
Filed for record

on this 15 day of January A.D. 19 68
at 4:13 o'clock P. M. and duly
recorded in Vol. M-68 of Deeds
Page 365.
DOROTHY ROGERS, County Clerk
By [signature] Deputy

Fee 1.50

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