19607

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. M-68 PAGE 379

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 9

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Murlin; Middle: Louis; Last: Agee

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: 39 Yrs.
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.: 853 Mitchell St.

4. DATE OF DEATH: Month: January; Day: 6; Year: 1968
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 541-09-8724
9. USUAL OCCUPATION (Kind of work done during most of life): Retired
10. KIND OF BUSINESS OR INDUSTRY: Lumber
11. NAME OF SPOUSE: Beulah L. Agee
12. DATE OF BIRTH: Month: July; Day: 16; Year: 1893
13. AGE LAST BIRTHDAY: Yrs. 74; IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Roseburg, Oregon
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: Oscar Agee
18. MAIDEN NAME OF MOTHER: Charolette Lenox
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Murlyne Conforti, daughter

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): Cardiac arrest — Interval between Onset and Death (Years, days, hours, etc.): minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Acute myocardial infarction and — 3 day acute
DUE TO (C): Arteriosclerotic heart disease — years

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

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 Certify that I (attended) ~~last attended~~ the death of the deceased from or on Dec. 1964 (date) to 1-6-68 (date) and that the death occurred at 11:05AM from the causes and on the date stated above.
George Zupan, M.D. (Signature) — Klamath Falls, Oregon (Title) (Address) — 1/5/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 1-9-68
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION (City or Town) State: Klamath Falls, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR: 1-8-68
32. REGISTRAR'S SIGNATURE: Marian Ackerman
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 Marian Ackerman
Deputy

Date January 9, 1968

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Mrs. Conforti

on this 16 day of January A. D. 19 68 at 1:10 o'clock P. M., and duly recorded in Vol. M-68 of Deeds Page 379.

DOROTHY ROGERS, County Clerk

By [illegible] Deputy

Fee 1.50