19619

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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 142 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First NORMAN; Middle MILLS; Last WILSON

2. PLACE OF DEATH — A. COUNTY: Klamath; B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): 8 Mi.S.LaPine; C. LENGTH OF STAY IN 2B: Traveling thru; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Walker Range Forest

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.: 791 Lakeshore Drive

4. DATE OF DEATH: Month May; Day 9; Year 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.: 557-12-6344

9. USUAL OCCUPATION (Kind of work done during most of life): Insurance Agent

10. KIND OF BUSINESS OR INDUSTRY: Self

11. NAME OF SPOUSE: May Annette Wilson

12. DATE OF BIRTH: Month September; Day 6; Year 1916

13. AGE LAST BIRTHDAY: 50 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14. BIRTHPLACE (State or Foreign Country): Atlantic, N.J.

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: Robert Wilson

18. MAIDEN NAME OF MOTHER: Christina Gilbert

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: May Annette Wilson (Wife)

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): Massive crushing injuries of head, chest and abdomen. — Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B):

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):

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown

22. Was an Autopsy performed? [X] Yes [ ] No

23. WAS DEATH RESULT OF: [X] Accident [ ] Suicide [ ] Homicide

24. IF ACCIDENT, DID INJURY OCCUR: [X] At Work [ ] Not At Work

25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.): Forest

25B. City, County, State: near LaPine, Klamath, Oregon

26. TIME OF INJURY: Hour 2:06 a.m. p.m.; Month 5; Day 9; Year '67

27. DESCRIBE HOW INJURY OCCURRED: Passenger in airplane that crashed

28. CERTIFICATE: I Certify that I (saw) (last attended) (investigated the death of) the deceased from or on May 9, 1967 (date) to ..... (date) and that the death occurred at 2:06p m. from the causes and on the date stated above.

▶ G. R. Nicholson, M.D. (Signature) Deputy Med. Inv. (Title) Klamath Falls, Oregon (Address) 5-12-67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [ ] Buried [X] Cremated [ ] Removed [ ] Other

30B. DATE: 5/13/67

30C. NAME OF CREMATORY OR CEMETERY: Ashland Crematorium

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

31. DATE RECEIVED BY LOCAL REGISTRAR: 5-12-67

32. REGISTRAR'S SIGNATURE: ▶ Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ward's Klamath Memorial Home — ▶ Wm P. Kendall Klamath Falls, Oregon

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 May 12, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of J. ANTHONY GIACOMINI, ATTORNEY
this 16th day of January A.D. 19 68 at 3:25 o'clock p M., and
duly recorded in Vol. M-68, of Deeds on Page 380

DOROTHY ROGERS, County Clerk

Fee 1.50

By Lorie M. Knutson

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