

19620
OREGON STATE BOARD OF HEALTH VOL 768 PAGE 381
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 115		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last JOHN CASHMAN "JACK" MC CARTIE			
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, OR LOCATION Bonanza - rural		C. CITY, TOWN, OR LOCATION Bonanza	
C. LENGTH OF STAY IN 28 OR 50 years		D. STREET ADDRESS, RURAL ROUTE, ETC. Rt. 1 box 189	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Rt. 1, Box 189			
4. DATE OF DEATH Month Day Year April 16 1967	5. SEX Male	6. COLOR OR RACE White	7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
8. SOCIAL SECURITY NO. 541-46-5246	9. USUAL OCCUPATION (Kind of work done during most of life) Sheep rancher	10. KIND OF BUSINESS OR INDUSTRY Own ranch	11. NAME OF SPOUSE Florence McCartie
12. DATE OF BIRTH Month Day Year January 16 1897	13. AGE LAST BIRTHDAY 70	14. BIRTHPLACE (State or Foreign Country) Newmarket, Co. Cork, Ireland	
15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country		16. IF DECEASED WAS A VETERAN, WHAT WAR? no	
17. NAME OF FATHER William McCartie		18. MAIDEN NAME OF MOTHER Norah Cashman	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Florence McCartie (Wife)			
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Massive intra abdominal hemorrhage & shock hours DUE TO (B): Rupture of arteriosclerotic aneurysm left Iliac artery min.- DUE TO (C): Arteriosclerosis, generalized years 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 22. Was an Autopsy performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work 24. IF ACCIDENT, DID INJURY OCCUR Month Day Year 25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) 25a. City County State 26. TIME OF INJURY Hour Minute P. M. 27. DESCRIBE HOW INJURY OCCURRED. 28. CERTIFICATE: I certify that I (Signature) (Investigated the death of) the deceased from or on 4-16-67 (date) and that the death occurred at 10:30 a.m. from the cause and on the date stated above. George R. Nicholson, M.D. Deputy Med. Inv. Klamath Falls, Oregon 4-18-67 (Signature) (Title) (Address) (Date Signed) 29. RESERVED FOR REGISTRAR'S USE 30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other 30B. DATE 4/19/67 30C. NAME OF CREMATORY OR CEMETERY Mt. Calvary cem. 30D. LOCATION (City or Town) State Klamath Falls, Oregon 31. DATE RECEIVED BY LOCAL REGISTRAR 4-18-67 32. REGISTRAR'S SIGNATURE Marian Ackerman 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Ward Ward's Klamath Funeral Home			

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 April 19, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH
Filed for record at request of J. ANTHONY GIACOMINI, ATTORNEY
this 16th day of January 1968 at 3:26 o'clock P. M., and
duly recorded in Vol. M-68, of Deeds on Page 381
Fee 1.50
LORETTA M. GILLIS, County Clerk
by Louise M. Butler