19676

CERTIFIED COPY

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL M-68 PAGE 427

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH & SUPERVISION
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 298

STATE FILE NO. '67 014521

DATE RECEIVED NOV - 9 1967

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED.

1-15-68

1. NAME OF DECEASED (Type or print all entries in black ink)	First: Barbara	Middle: Susanna	Last: Ross

2. PLACE OF DEATH		3. USUAL RESIDENCE (If institution, give residence before admission)	
A. COUNTY: Klamath		A. STATE: Oregon	B. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls	C. LENGTH OF STAY IN 2B: 49 yrs.	C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls, Oregon	
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pres. Intercomm. Hospt.		D. STREET ADDRESS, RURAL ROUTE, ETC.: 1879 Del Moro St.	

4. DATE OF DEATH (Month, Day, Year)	5. SEX	6. COLOR OR RACE	7. MARITAL STATUS
October 21, 1967	Female	Caucasian	☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.	9. USUAL OCCUPATION (Kind of work done during most of life)	10. KIND OF BUSINESS OR INDUSTRY	11. NAME OF SPOUSE
542-38-9663	School Teacher & Homemaker	Teaching	Donald Odel Ross

12. DATE OF BIRTH (Month, Day, Year)	13. AGE LAST BIRTHDAY (Yrs.)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HOURS: Hours	Minutes
October 21, 1907	60				

14. BIRTHPLACE (State or Foreign Country)	15. WAS DECEASED A CITIZEN OF	16. IF DECEASED WAS A VETERAN, WHAT WAR?
Mountain Lake, Minn.	☒ U. S. ☐ Foreign Country — Name of Country	No

17. NAME OF FATHER	18. MAIDEN NAME OF MOTHER	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED
Frank Jacob Janzen	Dina Barbara Rissom	Donald Odel Ross, husband

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): Cerebrovascular accident — Interval Between Onset and Death (Years, days, hours, etc.): 6 months

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

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): Posterior Myocardial Infarction

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 ..... Month Day Year ..... a. m. ..... p. m.

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) last saw the deceased from or on 10-1-67 (date) to 10-21-67 (date) and that the death occurred at 11:40 P.M. hours, on the date stated above.

Everett F. Howard (Signature) — EVERETT F. HOWARD, M.D. (Title) — 613 Medical Dental Bldg. Klamath Falls, Oregon (Address) — OCT 24 1967 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE — 331X

30A. DECEASED WILL BE: ☐ Buried ☒ Cremated ☐ Removed ☐ Other

30B. DATE: 10-24-67

30C. NAME OF CREMATORY OR CEMETERY: Ashland Crematory

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

31. DATE RECEIVED BY LOCAL REGISTRAR: 10-24-67

32. REGISTRAR'S SIGNATURE: Marian Patterson

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's — Mike O'Hair — 515 Pine, K. Falls, Ore.

VS-112 Rev. 2-2-67

IF UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON } ss.
County of Multnomah }

DATE ISSUED JAN 15 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.

Florian N. Morton

STATE REGISTRAR

STATE OF OREGON, } ss
County of Klamath }

Filed for record at request of

Donald Ross

on this 18 day of January A.D. 68

at 3:00 o'clock PM

recorded in Vol. M-68 of Deeds

Page 427

DOROTHY ROGERS, County Clerk

By Beverly L. Lloyd Deputy

Fee 1.50

20