

19684

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STANDARD CERTIFICATE OF DEATH STATE OF OREGON
 DEPARTMENT OF HEALTH - PORTLAND
 PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 376
 STATE FILE NO. 017733
 DATE RECEIVED DEC 27 1968

1. NAME OF DECEASED Robert Daniel Scherer

2. PLACE OF DEATH
 A. COUNTY Klamath
 B. CITY, TOWN, OR LOCATION Chiloquin
 C. LENGTH OF STAY IN B. OR LOCATION Chiloquin
 D. NAME OF HOSPITAL OR INSTITUTION St. Joseph's River Rd. Chiloquin
 E. STREET ADDRESS, RURAL ROUTE, ETC. 1527 Derby St.

3. USUAL RESIDENCE (If residence before admission)
 A. STATE Oregon
 B. COUNTY Klamath

4. DATE OF DEATH December 12, 1966
 5. SEX Male
 6. COLOR OR RACE Caucasian

7. SOCIAL SECURITY NO. 544429201
 8. USUAL OCCUPATION Truck Driver
 9. RING OF BUSINESS OR INDUSTRY Lumber
 10. NAME OF SPOUSE Donna Scherer

11. DATE OF BIRTH December 27, 1938
 12. AGE LAST BIRTHDAY 27
 13. IF DECEASED WAS A VETERAN, WHAT WAS IT No

14. BIRTHPLACE (State or Foreign Country) Klamath Falls, Oregon
 15. WAS DECEASED A CITIZEN OF U. S. Yes
 16. NAME OF FATHER Daniel Scherer
 17. MAIDEN NAME OF MOTHER Audrey Cryderman
 18. NAME OF SPOUSE Donna Scherer

19. CAUSE OF DEATH (State or Foreign Country) Chiloquin injuries to neck & head

20. IMMEDIATE CAUSE (A) Due to (B) Due to (C) Due to

21. OTHER SIGNIFICANT CONTRIBUTION TO DEATH NOT LISTED IN PART I (A) Due to (B) Due to (C) Due to

22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS. No
 23. EXTERNAL CAUSE OF DEATH (A) Primary (B) Contributing (C) Other
 24. INJURY OCCURRED (A) Yes (B) No
 25. PLACE OF INJURY Chiloquin, Oregon
 26. INJURY OCCURRED (A) Yes (B) No
 27. PLACE OF INJURY Chiloquin, Oregon

28. I CERTIFY that I am a member of the medical profession and I have examined the body of the deceased and I have determined the cause of death and I have signed the certificate of death.

29. SIGNATURE OF REGISTRAR J. M. McElroy
 30. DATE OF SIGNATURE 12-15-66
 31. PLACE OF SIGNATURE Klamath Falls, Oregon
 32. NAME OF FUNERAL HOME D. H. McElroy
 33. ADDRESS OF FUNERAL HOME 515 First St., Klamath Falls, Oregon
 34. PHONE NO. 12-18-66

STATE OF OREGON, COUNTY OF MULTNOMAH
 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.

DATE ISSUED Jan. 15 1968
 Mervin M. Martin, STATE REGISTRAR

STATE OF OREGON, }
 County of Klamath }

Filed for record at request of

Dan Scherer

on this 19 day of January A.D. 1968

at 9:20 o'clock A.M. and duly

recorded in Vol. N-68 of Deeds

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DOROTHY ROSENS, County Clerk

By [Signature] Deputy

Fee 1.50