20123

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. M68 PAGE 946

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER [illegible] — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink)	First: Mabel — Middle: Marie — Last: Benedict
2. PLACE OF DEATH A. COUNTY	Klamath
B. CITY, TOWN OR LOCATION	Klamath Falls
C. LENGTH OF STAY IN 2B	35 Years
D. NAME OF HOSPITAL OR INSTITUTION	Pres. Intercom. Hospt.
3. USUAL RESIDENCE A. STATE	Oregon
B. COUNTY	Klamath
C. CITY, TOWN OR LOCATION	Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.	[illegible] Lincoln St.
4. DATE OF DEATH	February 3, 1968
5. SEX	Female
6. COLOR OR RACE	Caucasian
7. MARITAL STATUS	Married
8. SOCIAL SECURITY NO.	[illegible]
9. USUAL OCCUPATION	[illegible]
10. KIND OF BUSINESS OR INDUSTRY	[illegible]
11. NAME OF SPOUSE	[illegible]
12. DATE OF BIRTH	January 13, 1898
13. AGE LAST BIRTHDAY	70
14. BIRTHPLACE (State or Foreign Country)	[illegible]
15. WAS DECEASED A CITIZEN OF	U.S.
16. IF DECEASED WAS A VETERAN, WHAT WAR?	No
17. NAME OF FATHER	John Henry Jones
18. MAIDEN NAME OF MOTHER	Minnie Heavier
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	Frank Benedict, Husband

MEDICAL CERTIFICATION

20. CAUSE OF DEATH		Interval Between Onset and Death
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Coronary Occlusion	[illegible]
DUE TO (B)	Coronary Insufficiency	5 yrs.
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 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 — 25B. City County State

26. TIME OF INJURY — 27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: [illegible] April 8, 1957 [illegible]

John D. Merryman, M. D. (Signature) — (Title) — Klamath Falls, Oregon (Address) — 2/[illegible]/68 (Date Signed)

30. RESERVED FOR REGISTRAR'S USE

31A. DECEASED WILL BE ☐ Buried ☐ Cremated ☐ Removed ☐ Other — [illegible] — NAME OF CREMATORY OR CEMETERY [illegible] — LOCATION (City or Town) Klamath Falls, Oregon

DATE RECEIVED BY LOCAL REGISTRAR [illegible] — 32. REGISTRAR'S SIGNATURE [illegible] — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [illegible]

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.

G. H. [illegible], M.D.
Registrar Vital Statistics

(SEAL)

By: Mary Nelson Deputy

Date [illegible] 19 68

VS-36 2/56

VOID IF ALTERED

STATE OF OREGON, } ss
County of Klamath }
Filed for record ~~at request of~~

on this 7 day of February A. D. 19 68
at 1:15 o'clock P. M. and duly
recorded in Vol. M68 of Deeds
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DOROTHY ROGERS, County Clerk
By Louise M Knutson Deputy

Fee 1.50

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