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CERTIFIED COPY

VOL. M-68 PAGE 1257

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

LOCAL REGISTRAR'S NUMBER 105

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON BOARD OF HEALTH PORTLAND PUBLIC HEALTH SERVICE

STATE FILE NO. '67 009678

DATE RECEIVED JUL 27 1967

1. NAME OF DECEASED (Type or print all entries in black ink): First Delbert; Middle Eston; Last Summers

2. PLACE OF DEATH — A. COUNTY: Deschutes; B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Bend; C. LENGTH OF STAY IN: 5 days; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): St. Charles Hospital

3. USUAL RESIDENCE (If institution, give residence before admission) — A. STATE: Oregon; B. COUNTY: Deschutes; C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Bend; D. STREET ADDRESS, RURAL ROUTE, ETC.: 1374 Newport

4. DATE OF DEATH: Month July Day 6 Year 1967

5. SEX: male

6. COLOR OR RACE: white

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

8. SOCIAL SECURITY NO.: 516 14 5608

9. USUAL OCCUPATION (Kind of work done during most of life): Deputy sheriff

10. KIND OF BUSINESS/INDUSTRY: County Law Enforcement

11. NAME OF SPOUSE: Maxine

12. DATE OF BIRTH: Month December Day 4 Year 1914

13. AGE LAST BIRTHDAY: 52 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Ada, Oklahoma

15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign Country — Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? WW 2

17. NAME OF FATHER: Joseph Fletcher

18. MAIDEN NAME OF MOTHER: Lomie Clara Milligan

19. INFORMANT'S NAME AND MAILING ADDRESS: Maxine Summers - widow

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)

PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial infarction — Interval Between Onset and Death: 8 hours

(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last) DUE TO (B): Coronary arteriosclerosis — 2 years

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 decreased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown

22. Was an Autopsy performed? [ ] Yes [X] 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) (investigated the death of) the deceased from or on July 5, 1967 (date) to July 6, 1967 (date) and that the death occurred at 12:30 p.m. from the causes and on the date stated above.

Ward A. Dickey MD (Signature) (Title) 1019 Brooks St., Bend Ore. (Address) July 6, 1967 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 420.1

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

30B. DATE: 7-10-67

30C. NAME OF CREMATORY OR CEMETERY: Klamath Mem. Park

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

31. DATE RECEIVED BY LOCAL REGISTRAR: 7-7-67

32. REGISTRAR'S SIGNATURE: Doris M. Beuth

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ann L. Reynolds Bend, Oregon

MEDICAL CERTIFICATION

VOID IF UNAUTHORIZED ALTERATIONS ARE MADE ON COPY

VS-112 Rev. 2-2-67

STATE OF OREGON, County of Multnomah } ss.

DATE ISSUED DEC 22 1967

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.

STATE REGISTRAR

STATE OF OREGON, County of Klamath } ss

Filed for record ~~at request of~~

on this 19th day of February A. D. 19 68

at 10:22 o'clock A M. and duly recorded in Vol. M-68 of Deeds Page 1257

DOROTHY ROGERS, County Clerk

By Doris M. Beuter Deputy

Fee 1.50

18