MARGIN RESERVED FOR BINDING
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.

FORM VS 2

LOCAL REGISTRAR'S NUMBER 50 2109J

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH :: PORTLAND 97201
PUBLIC HEALTH SERVICE

STATE FILE NO. 68 2091
DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: EARL; Middle: RAYMOND; Last: RAMBO

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 7 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pelican Motel Rt.3 Box1475

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC: Rt. 3 Box 1475

4. DATE OF DEATH: March 1 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 542-12-5017
9. USUAL OCCUPATION (Kind of work done during most of life): Owner
10. KIND OF BUSINESS OR INDUSTRY: Motel
11. NAME OF SPOUSE: Marjorie Rambo
12. DATE OF BIRTH: November 11 1918
13. AGE LAST BIRTHDAY (Yrs.): 49 — IF UNDER 1 YEAR (Months, Days) — IF UNDER 24 HOURS (Hours, Minutes)
14. BIRTHPLACE (State or Foreign Country): Tacoma, Washington
15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR: W.W.#2
17. NAME OF FATHER: Walter Jepson
18. MAIDEN NAME OF MOTHER: Grace Allen
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Marjorie Rambo (Wife)

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): Cardiac failure — Interval Between Onset and Death (Years, days, hours, etc.): Terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Fever Anemia (Chronic type) — 1wk
DUE TO (C): Massive Ca of stomach — 6 mo's
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? [ ] 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, a.m., p.m., Month, Day, Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) (investigated the death of) the deceased from or on 26 Oct 67 (date) to [illegible] (date) and that the death occurred 8:40a.m. from the causes and on the date stated above.
[illegible] (Signature) (Title) M.D., Klamath Falls, Oregon (Address) 3/2/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 3/6/68
30C. NAME OF CREMATORY OR CEMETERY: Eter.Hills Mem.Gardens
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 3-4-68
32. REGISTRAR'S SIGNATURE: Mary Nelson
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward Klamath Falls, Oregon

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.

S. M. KERRON, M. D.
Registrar Vital Statistics

(SEAL)

By Mary Nelson
Deputy Registrar

Date [illegible] 19____

VOID IF ALTERED

STATE OF OREGON, } ss
County of Klamath }
Filed for record at request of
Marjorie Rambo
on this 15 day of March A.D. 19 68
at 12:30 o'clock PM, and duly
recorded in Vol. M-68 of Deeds
Page 2091.
DOROTHY ROGERS, County Clerk
By [illegible] Deputy
Fee 1.50

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