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LOCAL REGISTRAR'S NUMBER 530

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. 10265

DATE RECEIVED SEP 10 1962

MARGIN RESERVED FOR BINDING — THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY AND CAREFULLY WRITTEN, AND SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED — First: MYRLE — Middle: CLARA — Last: DODGE

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION: Klamath Falls
C. LENGTH OF STAY: 35 Years
D. NAME OF HOSPITAL OR INSTITUTION: Hillside Hospital

3. USUAL RESIDENCE
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 245 Pacific Terrace

4. DATE OF DEATH: August 27 1962
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: Married
8. SOCIAL SECURITY NO.: None
9. USUAL OCCUPATION: Housewife
10. KIND OF BUSINESS: Apt House
11. NAME OF SPOUSE: Willard Dodge
12. DATE OF BIRTH: February 0 1888
13. AGE LAST BIRTHDAY: 74 Yrs.
14. BIRTHPLACE: Galesburg, Illinois
15. WAS DECEASED A CITIZEN OF U. S.?
16. IF DECEASED WAS A VETERAN, WHAT WAR?
17. NAME OF FATHER: Charles E. Mack
18. MAIDEN NAME OF MOTHER: Sarah Gary
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Billie Smith (Daughter)

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Myocardial Degeneration — Interval Between Onset and Death: 2 weeks
DUE TO (B):
DUE TO (C):
PART II: Senile Arteriosclerosis
21. IF DECEASED WAS A FEMALE, WAS DEATH PREGNANCY RELATED? No
22. WAS AN AUTOPSY PERFORMED? No
23. WAS DEATH DUE TO: Natural
24. IF ACCIDENT, SUICIDE OR HOMICIDE: DID INJURY OCCUR: At Work? No
25A. PLACE OF INJURY
25B. City, County, State
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I ATTENDED THE DECEASED FROM 8-23-62 TO 8-27-62 AND LAST SAW HER ALIVE ON 8-27-62 AT 1:10a. DEATH OCCURRED AT THE TIME AND DATE STATED ABOVE.
Signed: [illegible] M.D. Klamath Falls, Oregon
Date Signed: AUG 27 1962

29. RESERVED FOR REGISTRAR'S USE

30. DISPOSITION: Burial
31. DATE: 8/29/62
32. NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park
33. LOCATION: Klamath Falls, Oregon
34. DATE RECEIVED BY LOCAL REGISTRAR: 7-30-62
35. REGISTRAR'S SIGNATURE: [signature]
36. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [signature] Klamath Falls, Oregon

MEDICAL CERTIFICATION

STATE OF OREGON, COUNTY OF MULTNOMAH } SS

DATE ISSUED Mar. 12 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.

[signature] STATE REGISTRAR

STATE OF OREGON, County of Klamath } ss

Filed for record at request of H. L. Smith

on this 19 day of March A. D. 1968

at 12:15 o'clock P M. and duly recorded in Vol. M-68 of Deeds

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DOROTHY ROGERS, County Clerk

By [signature] Deputy

Fee 1.50