LOCAL REGISTRAR'S NUMBER 79

STANDARD CERTIFICATE OF DEATH

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

STATE FILE NO. 21653 VOL M68 PAGE 2813

DATE RECEIVED

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

1. NAME OF DECEASED (Type or print all entries in black ink) — First: ARTHUR; Middle: EUGENE; Last: COLEMAN

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: 30 Years
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: 3629 Alva Street

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: 3629 Alva Street

4. DATE OF DEATH: Month: March; Day: 27; Year: 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 542-09-4578
9. USUAL OCCUPATION (Kind of work done during most of life): Owner
10. KIND OF BUSINESS: Round-Up Tavern
11. NAME OF SPOUSE: Maxine M. Coleman
12. DATE OF BIRTH: Month: August; Day: 2; Year: 1907
13. AGE LAST BIRTHDAY: 60 Yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Poteau, Oklahoma
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: Arthur E. Coleman
18. MAIDEN NAME OF MOTHER: Mary R. Shedd
19. INFORMANT'S NAME AND MAILING ADDRESS: Maxine M. Coleman (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): Myocardial infarction — Interval Between Onset and Death: Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Coronary occlusion — Immediate
DUE TO (C): Arteriosclerotic heart disease — 1 year
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Diabetes mellitus

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) the deceased from January 28 1968 to June 1968 and that the death occurred at 9:15a.m. from the causes and on the date stated above.
(Signature) Leon [illegible] M.D. (Title) Klamath Falls, Oregon (Address) 3/28/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 3/30/68
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 3-29-68
32. REGISTRAR'S SIGNATURE: Marian Sherman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [illegible] Klamath Falls, Oregon

STATE OF ORLGON

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 Marian Sherman
Deputy Registrar

Date MAR 29 1968 19

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of

Maxine M. Coleman

on this 10 day of April A. D. 19 68

at 1:50 o'clock A. M. and duly recorded in Vol. M68 of Deeds

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DOROTHY ROGERS, County Clerk

By [illegible] Deputy

Fee $1.50

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