

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.

LOCAL REGISTRAR'S NUMBER 83		STANDARD CERTIFICATE OF DEATH STATE OF OREGON BOARD OF HEALTH - PORTLAND 97201 PUBLIC HEALTH SERVICE		STATE FILE NO. DATE RECEIVED 11-68 2830	
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last OLIVE MARIAN JOHNSON			
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath			
B. CITY, TOWN, OR LOCATION Klamath Falls		C. CITY, TOWN, OR LOCATION Klamath Falls			
C. LENGTH OF RESIDENCE IN 28 Years		D. STREET ADDRESS, RURAL ROUTE, ETC. Harriman Route - Box # 79			
D. NAME OF HOSPITAL (If not in hospital, give street address) Presbyterian Intercommunity Hospital					
4. DATE OF DEATH Month Day Year March 28 1968		5. SEX Female		6. COLOR OR RACE White	
7. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		8. SOCIAL SECURITY NO.		9. USUAL OCCUPATION (Kind of work done during most of life) Housewife	
10. KIND OF BUSINESS OR INDUSTRY At home		11. NAME OF SPOUSE			
12. DATE OF BIRTH Month Day Year April 16 1885		13. AGE LAST BIRTHDAY 82		14. IF UNDER 1 YEAR Months Days IF UNDER 24 HOURS Hours Minutes	
14. BIRTHPLACE (State or Foreign Country) Grand Junction, Colorado		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country		16. IF DECEASED WAS A VETERAN, WHAT WAR?	
17. NAME OF FATHER Wesley Ault		18. MAIDEN NAME OF MOTHER Mary Middleton		19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Peggy Stivers (Daughter)	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN I, II, AND III.) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cerebral Vascular Hemorrhage 20 Feb 68 CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (B): Hypertension, chronic 5 yrs IMMEDIATE CAUSE (C): Pulmonary embolism 20 Mar 68 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown 22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. WAS DEATH RESULT OF <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. TIME OF INJURY Hour Minute Day Year p. m.		26. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE I certify that I attended the deceased from or on 20 Feb 68 (date) and that the death occurred at 9:15 p.m. from the cause and on the date stated above. (Signature) M.D. Klamath Falls, Oregon 1 Apr 68 (Address) (Date Signed)		29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 4/1/68		30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park	
30D. LOCATION (City or Town) State Klamath Falls, Oregon		31. DATE RECEIVED BY LOCAL REGISTRAR 4-1-68		32. REGISTRAR'S SIGNATURE Marian Goodman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 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 APR 1 1968

VOID IF ALTERED

STATE OF OREGON, } ss  
County of Klamath

Filed for record at request of

Ganong, Ganong, and Gordon  
on this 10 day of April A. D. 19 68  
at 2:15 o'clock P. M. and duly  
recorded in Vol. M-68 of Deeds  
Page 2830

DOROTHY ROGERS, County Clerk  
By Dorothy Rogers

Fee 1.50

41