MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED AND 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 89 21893

STANDARD CERTIFICATE OF DEATH

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

STATE FILE NO. 3078

DATE RECEIVED

1 NAME OF DECEASED (Type or print all entries in black ink) — First: Thomas; Middle: Benton; Last: Watters

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: 56 Years
D NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 1217 Pacific Terrace

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.: 1217 Pacific Terrace

4 DATE OF DEATH (Month, Day, Year): April 7, 1968
5 SEX: Male
6 COLOR OR RACE: Caucasian
7 MARITAL STATUS: (X) Married ( ) Widowed ( ) Divorced ( ) Never Married
8 SOCIAL SECURITY NO.: 540-18-0280
9 USUAL OCCUPATION (Kind of work done during most of life): Retired Real Estate & Insurance
10 KIND OF BUSINESS/INDUSTRY:
11 NAME OF SPOUSE: Evelyn Mason Watters
12 DATE OF BIRTH (Month, Day, Year): August 6, 1889
13 AGE LAST BIRTHDAY (Yrs.): 78
IF UNDER 1 YEAR (Months, Days):
IF UNDER 24 HOURS (Hours, Minutes):
14 BIRTHPLACE (State or Foreign Country): Cedar Co., Nebraska
15 WAS DECEASED A CITIZEN OF (X) U.S. ( ) Foreign Country (Name of Country):
16 IF DECEASED WAS A VETERAN, WHAT WAR? No
17 NAME OF FATHER: Alfred Richard Watters
18 MAIDEN NAME OF MOTHER: Sally Ann Elliott
19 INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Evelyn Mason Watters, 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): Probable myocardial infarction — Interval Between Onset and Death (Years, days, hours, etc.): hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (B): Coronary thrombosis — hours
DUE TO (C): Arteriosclerotic Heart Disease — Length of Heart Disease & Prior Infant — Years

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) the deceased from 4-7-68 (date) to 4-7-68 (date) and that the death occurred at 5:10 P.M. from the causes and on the date stated above.
Kenneth K Mayer (Signature) M.D. (Title) Medical-Dental Bld., Klamath Falls, Oregon. 4-8-68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: (X) Buried ( ) Cremated ( ) Removed ( ) Other
30B. DATE: 4-10-68
30C. NAME OF CREMATORY OR CEMETERY: Klamath Mem. Park
30D. LOCATION (City or Town, State): Klamath Falls, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR: 4-8-68
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mike Blair 515 Pine, K. Falls, Ore. — Blair's Mem. Chapel

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.

(SEAL)

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

By Marian Ackerman
Deputy Registrar

Date APR 8 1968 19

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss
Filed for record at request of Proctor & Puckett, Attorneys at Law
on this 19 day of April A. D. 1968
at 1:20 o'clock P M. and duly recorded in Vol. M68 of Deeds
Page 3078.
DOROTHY ROGERS, County Clerk
By Laverne Houston Deputy
Fee 1.50

nb