21912

CERTIFIED COPY

Vol. M-68 PAGE 3111

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.

LOCAL REGISTRAR'S NUMBER 77

STANDARD CERTIFICATE OF DEATH

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

STATE FILE NO.

DATE RECEIVED APR - 9 1968

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Horace; Middle: L.; Last: Patton

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 CO.: 27 Years; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pres. Intercomm. Hospt.

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. 2, Box 737

4. DATE OF DEATH (Month, Day, Year): March 21, 1968

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.: 518-10-3978 A

9. USUAL OCCUPATION (Kind of work done during most of life): Rancher

10. KIND OF BUSINESS OR INDUSTRY: Ranching

11. NAME OF SPOUSE: Helen Patton, wife

12. DATE OF BIRTH (Month, Day, Year): August 22, 1901

13. AGE LAST BIRTHDAY (Yrs.): 66 — IF UNDER 1 YEAR (Months, Days): — IF UNDER 24 HOURS (Hours, Minutes):

14. BIRTHPLACE (State or Foreign Country): Elm Springs, Arkansas

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: Walter Patton

18. MAIDEN NAME OF MOTHER: Frances Harton

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Helen Patton, wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)

PART I. DEATH WAS CAUSED BY:

(IMMEDIATE CAUSE (A)) Cerebrovascular accident 2 episodes — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO (B) Left middle cerebral thrombosis — ? days

Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.

DUE TO (C) Arteriosclerosis obliterans — 2 days

many months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Gun shot wound considered directly left neck

21. AUTOPSY? AUTHORIZED BY: Yes [ ] No [X]

22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS.: yes [ ] no [ ] unknown [ ]

23. EXTERNAL CAUSE OF DEATH WAS: Primary [ ] or Contributing [X]

24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in part I or part II): 22 rifle on tractor accidentally discharged

25. TIME OF INJURY (mo) (day) (year): X A.M. P.M. 3 13 68

26. INJURY OCCURRED while at work [X] not while at work [ ]

27A. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm

27B. (city or town) (county) (state): Klamath Falls Klamath Oregon

28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about 7:05 (AM) (PM) from:

Natural Causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]

ACTUAL SIGNATURE ▶ S M Patterson M.D. — MEDICAL INVESTIGATOR FOR: Klamath County (County)

29. Burial [X] Removal [ ] Cremation [ ] Other [ ] — 30. DATE: 3-23-68 — 31. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county): Eternal Hills, Klamath Falls, Ore.

32. ▶ (Signature of funeral director or person acting as such): Mike Mar. — NAME OF FUNERAL HOME AND ADDRESS: O'Hair's: 515 Pine, K. Falls, Ore.

33. ▶ (Signature of registrar): Marian Patterson — DATE RECORD FILED: 3-25-68 — 922.9

VS-112 Rev. 2-2-67

STATE OF OREGON, County of Multnomah } ss.

DATE ISSUED APR 19 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.

Marian E. Morton

STATE REGISTRAR

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Ganong, Ganong, and Gordon

on this 22 day of April A. D. 1968

at 9:20 o'clock AM, and duly recorded in Vol. M-68 of Deeds

Page 3111

DOROTHY ROGERS, County Clerk

By Beverly J. Hess Deputy

Fee 1.50