STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 21955 — STATE FILE NO. 3152 — DATE RECEIVED APR 22 1968

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.

1 NAME OF DECEASED (Type or print all entries in black ink) — First: JESSE — Middle: LEE — Last: KIRK

2 PLACE OF DEATH — A COUNTY: Klamath — B CITY, TOWN OR LOCATION: Klamath Falls — C LENGTH OF STAY IN 2B: Life — D NAME OF HOSPITAL OR INSTITUTION: Ponderosa Nursing Home

3 USUAL RESIDENCE — A STATE: Oregon — B COUNTY: Klamath — C CITY, TOWN OR LOCATION: Beatty — D STREET ADDRESS, RURAL ROUTE ETC: No numbers - Box # 247

4 DATE OF DEATH: April 3 1968 — 5 SEX: Male — 6 COLOR OR RACE: Indian — 7 MARITAL STATUS: Married, [X] Widowed, Divorced, Never Married — 11 NAME OF SPOUSE: ———

8 SOCIAL SECURITY NO.: 543-10-3948 — 9 USUAL OCCUPATION (Kind of work done during most of life): Laborer — 10 KIND OF BUSINESS OR INDUSTRY: Common

12 DATE OF BIRTH: August 28 1894 — 13 AGE LAST BIRTHDAY: 73 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

14 BIRTHPLACE (State or Foreign Country): Klamath County, Oregon — 15 WAS DECEASED A CITIZEN OF: [X] U.S., Foreign Country, Name of Country — 16 IF DECEASED WAS A VETERAN, WHAT WAR? W.W. # 1

17 NAME OF FATHER: Jesse Kirk — 18 MAIDEN NAME OF MOTHER: Emma Ball — 19 INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Stephen Kirk (Son)

MEDICAL CERTIFICATION

20 CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C)) — Interval Between Onset and Death (Years, mos. hours, etc.)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cancer - Pneumonia — 12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Cerebral Vascular Accident — 5 days

DUE TO (C): Arteriosclerotic Cardiovascular Disease — 20 yrs

PART II. Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Cerebral hepatic Metastasis

21. If deceased was Female, was there a pregnancy in the past 3 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 or on 4-3-68 (date) to (date), and that the death occurred at 2:10 p.m. from the causes and on the date stated above.

Death

(Signature) M.D. (Title) Klamath Falls, Oregon (Address) 4/4/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other — 30B. DATE: 4/6/68 — 30C. NAME OF CREMATORY OR CEMETERY: Masekesket Cemetery — 30D. LOCATION (City or Town, State): Beatty, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 4-22-68 — 32. REGISTRAR'S SIGNATURE: Marion Ackerman — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Klamath Fall, Oregon

FORM VS 2

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

By Marion Ackerman
Deputy Registrar

(SEAL)

Date APR 19 1968 19

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Robert Nichols

on the 23 day of April A.D. 19 68 at 11:15 o'clock AM, and duly recorded in Vol. M-68 of Deeds Page 3152

DOROTHY ROCH, County Clerk

By Dorothy J. Hughes, Deputy

Fee 1.50