22604 3942

68-496 Ptp.

STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 36 — STATE FILE NO. 1851 — DATE RECEIVED FEB 25 1963

MARGIN RESERVED FOR BINDING — THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY OBTAINED AND SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. DO NOT USE ABBREVIATIONS OR MEDICAL TERMINOLOGY. ALL ITEMS MUST BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED — First: James — Middle: Redmond — Last: McCrank

2. PLACE OF DEATH — A. COUNTY: Josephine — B. CITY, TOWN OR LOCATION: Grants Pass — C. LENGTH OF STAY IN THIS PLACE: 10 days — D. NAME OF HOSPITAL OR INSTITUTION: Parkview Nursing Home

3. USUAL RESIDENCE — A. STATE: Oregon — B. COUNTY: Klamath Co. — C. CITY, TOWN OR LOCATION: Klamath Falls — D. STREET ADDRESS, RURAL ROUTE, ETC.: 2937 Altamont

4. DATE OF DEATH: February 5 1963 — 5. SEX: M — 6. COLOR OR RACE: W — 7. MARITAL STATUS: X Never Married

8. SOCIAL SECURITY NO.: none — 9. USUAL OCCUPATION: Laborer-retired — 10. KIND OF BUSINESS: SAW MILL — 11. NAME OF SPOUSE: none

12. DATE OF BIRTH: May 22 1867 — 13. AGE LAST BIRTHDAY: 95 — IF UNDER 1 YEAR — IF UNDER 24 HOURS

14. BIRTHPLACE: Canada — 15. WAS DECEASED A CITIZEN OF: X U.S. — 16. IF DECEASED WAS A VETERAN, WHAT WAR: none

17. NAME OF FATHER: Not known — 18. MAIDEN NAME OF MOTHER: Not known — 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Home Ward's Klamath Fun'l

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): Cerebral Hemorrhage — 5 days
DUE TO (b): Generalized Arteriosclerosis — 3 years.
DUE TO (c):

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, SUICIDE OR HOMICIDE, OCCUR ☐ At Work ☐ Not At Work — 24A. PLACE OF INJURY (Such as Home, Street, Factory, etc.) — 24B. City, County, State

25. TIME OF INJURY: ____ A.M. ____ P.M. — 27. DESCRIBE HOW INJURY OCCURRED.

26. CERTIFICATE: I hereby certify that I attended the deceased from 2-5-63 and that death occurred at 11:20 P.M. on the date stated above. — 1-30-63

D. F. Mackie M.D. Phys. & Surg. Grants Pass, Ore 2-7-63
(Signature) (Title) (Address) (Date Signed)

28. RESERVED FOR REGISTRAR'S USE — 331X

DISPOSITION: ☐ Burial ☐ Cremation ☐ Removal ☐ Donation — DATE: 2/5/1963 — 30. NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park — 30A. LOCATION (City or Town, State): Klamath Falls, Oregon

31. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Grants Pass, Oregon

32. DATE RECEIVED BY LOCAL REGISTRAR: — 32A. REGISTRAR'S SIGNATURE: — LOCAL REGISTRAR

STATE OF OREGON, COUNTY OF MULTNOMAH } SS

DATE ISSUED Apr. 30 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.

STATE REGISTRAR

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Transamerica Title Insurance

on this 2 day of May, 1968

at 11:55 o'clock AM, and

recorded in Vol. M-68 of Deeds

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DOROTHY ROGERS, County Clerk

By Beverly J. Hyde Deputy

Fee 1.50

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