23031 VOL M68 PAGE 4457

68-638 WP

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
CERTIFIED COPY OF RECORD OF DEATH

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH – PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 1505 STATE FILE NO. DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First Ray Middle A. Last Telford

2. PLACE OF DEATH A. COUNTY: Marion
B. CITY, TOWN, OR LOCATION: Salem C. LENGTH OF STAY IN 2B: 1966
D. NAME OF HOSPITAL OR INSTITUTION: Medical Center N. H.

3. USUAL RESIDENCE A. STATE: Oregon B. COUNTY: Marion
C. CITY, TOWN OR LOCATION: Salem
D. STREET ADDRESS, RURAL ROUTE, ETC.: 3100 Turner Road, S.E.

4. DATE OF DEATH: December 30, 1967
5. SEX: male
6. COLOR OR RACE: white
7. MARITAL STATUS: XX Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 540-26-3800A
9. USUAL OCCUPATION: Boat Builder
10. KIND OF BUSINESS OR INDUSTRY:
11. NAME OF SPOUSE: Mary

12. DATE OF BIRTH: Sept. 1, 1882
13. AGE LAST BIRTHDAY: 85 Yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HOURS Hours Minutes

14. BIRTHPLACE (State or Foreign Country): Galena, Ill.
15. WAS DECEASED A CITIZEN OF: XX U.S. ☐ Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: none

17. NAME OF FATHER: Henry Carlton Telford
18. MAIDEN NAME OF MOTHER: Lucy Towle
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Mary Telford - 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): Congestive Heart failure
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last: DUE TO (B): ASHD
DUE TO (C):
Interval Between Onset and Death (Years, days, hours, etc.)

PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (A): Carcinoma of Prostate

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☒ 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: Certify that I (attended) (investigated the death of) the deceased from July 1967 to Dec. 30 1967 and that the death occurred at 3:50A m. from the causes and on the date stated above.
Robert E. Danner M.D. (Signature) (Title) Salem, Oregon (Address) 1-4-68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 1-2-67
30C. NAME OF CREMATORY OR CEMETERY: City View
30D. LOCATION (City or Town): Salem State: Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 1-5-68
32. REGISTRAR'S SIGNATURE: [signature]
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Charles W. Doggett, W. T. Rigdon Co. Salem, Oregon

Return to: Tucker Real Estate 2440 So 6th, City

STATE OF OREGON
COUNTY OF MARION

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Marion County Department of Health.

Peter J. Batten, M.D.
Registrar of Vital Statistics

By [signature]

Date 1-9-68

SEAL
Void if Altered

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Transamerica Title Insurance Co.

on this 17 day of May A.D. 19 68

at 11:30 o'clock A M. and duly

recorded in Vol. M-68 of Deeds

Page 4457

DOROTHY ROGERS, County Clerk

By [signature] Deputy

Fee 1.50

14