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CERTIFIED COPY

OF

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. M-68 PAGE 4470

STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 291

STATE FILE NO. '67 014514

DATE RECEIVED NOV - 9 1967

MARGIN RESERVED FOR BINDING — THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY AND FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. BE PROPERLY CLASSIFIED. WRITE PLAINLY WITH UNFADING INK

1. NAME OF DECEASED (Type or print all entries in black ink) — First: ERNEST; Middle: EUGENE; Last: TRULOVE

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 THIS PLACE: 29 years; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 4055 Shasta Way

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.: 4055 Shasta Way

4. DATE OF DEATH: October 15 1967

5. SEX: Male

6. COLOR OR RACE: White

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

8. SOCIAL SECURITY NO.: 541-16-4758

9. USUAL OCCUPATION (Kind of work done during most of life): Retired-Storekeeper

10. KIND OF BUSINESS: State Highway Dep't.

11. NAME OF SPOUSE: Emma B. Trulove

12. DATE OF BIRTH: March 19 1897

13. AGE LAST BIRTHDAY: 70 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Western Saratoga, Illinois

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: Frank Trulove

18. MAIDEN NAME OF MOTHER: Alice Miller

19. INFORMANT'S NAME AND MAILING ADDRESS (Street and number or R.F.D. number, town and State): Emma B. Trulove (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): Cardiac Arrest

Interval Between Onset and Death: (A) Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Arteriosclerotic Heart Disease — (B) 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):

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

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 ..... Month ..... Day ..... Year .... a. m. ..... p. m.

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) (last saw) the deceased from or on Oct. 12, 1967 (date) to Oct. 14, 1967 (date) and that the death occurred at 1:20a m. from the causes and on the date stated above.

(Signature) Kenneth K. Magee M.D. (Title) M.D., Klamath Falls, Oregon (Address) 10/16/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 420.0

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other

30B. DATE: 10/17/67

30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills Mem. Gar.

30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 10-16-67

32. REGISTRAR'S SIGNATURE: Marian Culbertson

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: G. E. Ward Klamath Falls, Oregon

STATE OF OREGON)
County of Multnomah) ss.

DATE ISSUED MAY 12 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 M. Bowers

STATE REGISTRAR

Return
Emma B. Trulove
4055 Shasta Way

VS-112 Rev. 2-2-67

STATE OF OREGON,)
County of Klamath) ss

Filed for record at request of Klamath County Title

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

at 2:43 o'clock PM., and duly recorded in Vol. M-68 of Deeds

Page 4470

DOROTHY ROGERS, County Clerk

By Beverly J. Hodgson Deputy

Fee 1.50

29