

23873

CERTIFIED COPY OREGON STATE BOARD OF HEALTH VITAL STATISTICS SECTION

Vol. M-68 PAGE 5480

LOCAL REGISTRAR'S NUMBER 120		STATE OF OREGON BOARD OF HEALTH - PORTLAND 97201 PUBLIC HEALTH SERVICE		STATE FILE NO.		DATE RECEIVED MAY 24 1968	
1. NAME OF DECEASED (Type or print all entries in black ink)		First CHARLEY		Middle		Last PECK	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE Oregon		B. COUNTY Klamath			
B. CITY, TOWN, OR LOCATION Klamath Falls		C. CITY, TOWN, OR LOCATION Merrill		D. STREET ADDRESS, RURAL ROUTE, ETC.		125 - 1st. Street	
C. LENGTH OF STAY IN 2B 6 hours		E. COLOR OR RACE White		F. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married			
D. NAME OF HOSPITAL (If not in hospital, give street address) Presbyterian Intercommunity Hospital		G. SOCIAL SECURITY NO. 555-16-5832 - A		H. USUAL OCCUPATION Laborer		I. NAME OF SPOUSE Mary Ann Peck	
J. DATE OF DEATH May 2 1968		K. SEX Male		L. KIND OF BUSINESS OR INDUSTRY Common		M. NAME OF SPOUSE Mary Ann Peck	
N. DATE OF BIRTH July 3 1892		O. AGE LAST BIRTHDAY 75		P. IF UNDER 1 YEAR		Q. IF UNDER 24 HOURS	
R. BIRTHPLACE (State or Foreign Country) Springfield, Missouri		S. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country		T. IF DECEASED WAS A VETERAN, WHAT WAR?			
U. NAME OF FATHER Richard James Peck		V. MAIDEN NAME OF MOTHER Fielda Edding		W. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Dale Peck (Son)			
X. 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		Y. DUE TO (B): MYOCARDIAL INFARCTION		Z. DUE TO (C):		Interval Between Onset and Death (Years, days, hours, etc.) 7 hours	
AA. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to the terminal disease or condition given in Part I (a):		BB. If deceased was Female, was there a pregnancy in the past 12 months?		CC. Was an Autopsy performed?			
DD. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		EE. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work		FF. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		GG. City County State	
HH. TIME OF INJURY		II. DESCRIBE HOW INJURY OCCURRED.					
JJ. CERTIFICATE: Certify that I (attended) (unattended) the deceased from or on 5/2/68 to 5/2/68 and that the death occurred at 8:07a.m. from the causes and on the date stated above.		KK. SIGNATURE OF REGISTRAR James G. Rogers M.D.		LL. ADDRESS Klamath Falls, Oregon		MM. DATE SIGNED 5/3/68	
NN. RESERVED FOR REGISTRAR'S USE		OO. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		PP. DATE 5/6/68		QQ. NAME OF CREMATORY OR CEMETERY Malin Cemetery	
RR. LOCATION (City or Town) State		SS. DATE RECEIVED BY LOCAL REGISTRAR 5-8-68		TT. REGISTRAR'S SIGNATURE		UU. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Klamath Falls, Oregon	

STATE OF OREGON
County of Multnomah

DATE ISSUED MAY 31 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

VS-112 Rev. 2-2-67

STATE OF OREGON
County of Klamath
Filed for record at request of
Brickner

on this 19 (2) of June A.D. 1968
at 3:00 o'clock PM and duly
recorded in Vol. M-68 of Deeds
Page 5480

DOROTHY ROGERS, County Clerk
By *Dorothy Rogers*

Fee \$50

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