

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PUBLIC RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-
FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PREVIOUS RECORDS SHOULD BE STATED IN PLAIN TERMS, SO
THAT IT MAY BE PROPERLY CLASSIFIED.

LOCAL REGISTRAR'S NUMBER 179				STANDARD CERTIFICATE OF DEATH STATE OF OREGON BOARD OF HEALTH - PORTLAND 97201 PUBLIC HEALTH SERVICE				STATE FILE NO. 6385 DATE RECEIVED			
1. NAME OF DECEASED (Type or print in)				2. PLACE OF DEATH A. COUNTY				3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE			
HENRY				Klamath				Oregon			
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION				C. LENGTH OF STAY IN 2B 1 day				C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION			
Klamath Falls								Bonanza			
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				E. STREET ADDRESS, RURAL ROUTE, ETC.				F. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married			
Prestbyterian Intercommunity Hospital				no numbers							
4. DATE OF DEATH Month Day Year				5. SEX				6. COLOR OR RACE			
June 22 1968				Male				White			
8. SOCIAL SECURITY NO.				9. USUAL OCCUPATION (Kind of work done during most of life)				10. KIND OF BUSINESS			
542-40-8412				Retired - Rancher				Own Ranch			
12. DATE OF BIRTH Month Day Year				13. AGE LAST BIRTHDAY Yrs.				11. NAME OF SPOUSE			
October 13 1891				76				Sarah Albertson			
14. BIRTHPLACE (State or Foreign Country)				15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Foreign Country				16. IF DECEASED WAS A VETERAN, WHAT WAR?			
Oregon				Oregon				No			
17. NAME OF FATHER				18. MAIDEN NAME OF MOTHER				19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED			
Lauritz Albertson				Mary Counts				Leo Albertson (Son)			
20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):								Interval Between Onset and Death (Years, days, hours, etc.):			
1. (A) <i>1. Intra Aortic Aneurysm</i>								20 hours			
2. (B) <i>General Atherosclerosis</i>											
3. (C) <i>Myocardial Infarction</i>											
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?			
								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
23. WAS DEATH RESULT OF <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide								24. ACCIDENT, DID INJURY OCCUR <input checked="" type="checkbox"/> At Work <input type="checkbox"/> Not At Work			
25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)								26. City			
27. DESCRIBE HOW INJURY OCCURRED.								28. CERTIFICATE			
I, <i>John E. Ward</i> , (Investigator) investigated the death of the deceased on <i>June 22</i> at <i>5:12 P.M.</i> from the cause and on the date stated above.											
29. RESERVED FOR REGISTRAR'S USE											
30. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other				31. DATE 6/26/68				32. NAME OF CREMATORY OR CEMETERY West Side Cemetery			
31. DATE RECEIVED BY LOCAL REGISTRAR 6-25-68				32. REGISTRAR'S SIGNATURE <i>W. W. Ward</i>				33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>W. W. Ward</i> Klamath Falls, Oregon			

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

(SEAL)

By *Mary Nelson*
Deputy Registrar

Date JUN 25 1968

VOID IF ALTERED

STATE OF OREGON, } ss
County of Klamath

Filed for record at request of
Forrest E. Cooper

on this 15 day of July A.D. 19 68

at 12:36 o'clock P. M. and duly

recorded in Vol. M-68 of Deeds

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Fee 1.50

ROBERTY ROGERS, County Clerk
Deputy