STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND 97201
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 141 — 24552 — STATE FILE NO. 1968 6460 — DATE RECEIVED

MARGIN RESERVED FOR BINDING — WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE GIVEN. BUILT UP WORDS SHOULD BE SPELLED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. FORM VS-2

1. NAME OF DECEASED (Type or print all entries in black ink) — First: ALLEN — Middle: "M" — Last: BATES

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 2B: 32 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 4355 Summers Lane

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.: 4355 Summers Lane

4. DATE OF DEATH: Month May — Day 18 — Year 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 541-09-8258
9. USUAL OCCUPATION (Kind of work done during most of life): Fireman - retired
10. KIND OF BUSINESS: Pelican Bay Lu. Co.
11. NAME OF SPOUSE: Margaret Bates
12. DATE OF BIRTH: Month February — Day 18 — Year 1886
13. AGE LAST BIRTHDAY: 82 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Tyndall, South Dakota
15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? ——
17. NAME OF FATHER: Benjamin Franklin Bates
18. MAIDEN NAME OF MOTHER: Carrie Maynard
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Margaret Bates (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): Coronary occlusion — Interval Between Onset and Death: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Coronary Arteriosclerosis — Indef
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): Generalized Arteriosclerosis.

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 ..... a.m. p.m. — Month / Day / Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) the deceased from on or Jan 1967 to 1-26-68 and that the death occurred at 7:30a. from the causes stated (a) on the date stated above.
Signature: Dillon B. Hoagland Jr. M.D. (Title) Klamath Falls, Oregon (Address) 5/20/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DISPOSITION: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 5/21/68
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION (City or Town) State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 5-20-68
32. REGISTRAR'S SIGNATURE: Marian Kherman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: 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 Marian Kherman
Deputy Registrar

Date MAY 20 1968 19

VOID IF ALTERED

STATE OF OREGON, } ss
County of Klamath }
Filed for record at request of
H. F. Smith
on this 16 day of July A. D. 1968
at 2:51 o'clock PM, and duly
recorded in Vol. M-68 of Deeds
Page 6460.
DOROTHY ROGERS, County Clerk
By Beverly J. Heyden Deputy

Fee 1.50

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