

24589

OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION

6498

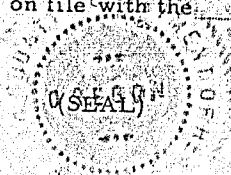
## CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 58		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Harry Middle R. Last Scribner		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon D. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, (If outside corporate limits, so specify) LOCATION Klamath Falls C. LENGTH OF STAY IN 2D 4 yrs.		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Klamath Falls, Ore. D. STREET ADDRESS, RURAL ROUTE, ETC. 1620 Eldorado	
4. DATE OF DEATH Month Day Year March 1, 1962		5. SEX Male	
6. SOCIAL SECURITY NO.		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. USUAL OCCUPATION (Kind of work done during most of life) Optometrist		10. KIND OF BUSINESS OR INDUSTRY Optometry	
11. NAME OF SPOUSE Verda Scribner		12. DATE OF BIRTH Month Day Year Dec. 24, 1902	
13. AGE LAST BIRTHDAY 59 Yrs.		14. BIRTHPLACE (State or Foreign Country) Chicago, Illinois	
15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Foreign Country Name of Country		16. IF DECEASED WAS A VETERAN, WHAT WAR? Not	
17. NAME OF FATHER Fred Scribner		18. MAIDEN NAME OF MOTHER No record	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Verda Scribner, widow		20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Acute myocardial infarction DUE TO (B): Occlusion of Coronary Artery DUE TO (C): Arteriosclerotic Heart Disease Interval Between Onset and Death (Years, days, hours, etc.) minutes	
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		22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Not At Work <input type="checkbox"/> At Work		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		25B. City County State	
26. TIME OF INJURY Hour Minute Day Year		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I certify that I (Investigator) (investigated the death of the deceased from or on 3/1/62 (date) and that the death occurred at 11:40a (date) from the cause and on the date stated above. George R. Nicholson, M.D., Dep. Cor. Klamath Falls, Oregon 3/2/62 (Signature) (Title) (Address) (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE Mar. 5, 1962	
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills		30D. LOCATION (City or Town) Klamath Falls, Ore.	
31. DATE RECEIVED BY LOCAL REGISTRAR 3/2/62		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Keith O'Hair Klamath Falls, Ore. Box 374			

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 StatisticsBy Marian Ackerman  
Deputy

Date March 6, 1962

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON,  
County of Klamath

Filed for record at request of

Verda Scribner

on this 17 day of July A.D. 1968

at 11:55 o'clock AM, and duly

recorded in Vol. M-68 of Deeds

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DOROTHY ROGERS, County Clerk

By Dorothy Rogers  
Fee 1.50