STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 2 K4 25477 — STATE FILE NO. VOL. M68 PAGE 7605 — DATE RECEIVED

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

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Thomas — Middle: Edward — Last: Reeves

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: 25 Yrs
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): P. I. Hospital

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.: 2420 Wantland St

4. DATE OF DEATH (Month, Day, Year): August 16, 1968
5. SEX: male
6. COLOR OR RACE: white
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 500-07-6638
9. USUAL OCCUPATION (Kind of work done during most of life): Retired
10. KIND OF BUSINESS OR INDUSTRY:
11. NAME OF SPOUSE: Rose Reeves
12. DATE OF BIRTH (Month, Day, Year): Nov. 21, 1891
13. AGE LAST BIRTHDAY (Yrs.): 77
IF UNDER 1 YEAR (Months, Days)
IF UNDER 24 HOURS (Hours, Minutes)
14. BIRTHPLACE (State or Foreign Country): Forest City, Missouri
15. WAS DECEASED A CITIZEN OF U. S. [XX] / Foreign Country [ ] (Name of Country)
16. IF DECEASED WAS A VETERAN, WHAT WAR? W W 1
17. NAME OF FATHER: George Reeves
18. MAIDEN NAME OF MOTHER: Amanda King
19. INFORMANT'S NAME AND MAILING ADDRESS (Street and No. or R.F.D. No., City or Town, State): Robert Reeves, Son

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 thrombosis — Interval Between Onset and Death (Years, days, hours, etc.): 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B):
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):
21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [XX] Yes [ ] No
23. WAS DEATH: [ ] 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 [signature] (investigated the death of) the deceased from or on 8/16/68 (date) to (date) and that the death occurred at 2:15a m. from the causes and on the date stated above.
[signature] (Signature) [signature] (Title) 8/16/68 (Date Signed)
29. RESERVED FOR REGISTRAR'S USE
30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 8/19/68
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION (City or Town, State): Klamath Falls, Ore
31. DATE RECEIVED BY LOCAL REGISTRAR: 8-16-68
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [signature] Klamath Falls, Oregon

FORM VS-2

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.

(SEAL)

S. M. KERRON, M. D.
Registrar Vital Statistics

By Marian Ackerman
Deputy Registrar

Date AUG 16 1968 19

VOID IF ALTERED

STATE OF OREGON, County of Klamath } ss
Filed for record at request of
Rose Reeves
on this 20 da of August A. D. 19 68
at 4:50 o'clock PM., and duly
recorded in Vol. M-68 of Deeds
Page 7605.
DOROTHY ROGERS, County Clerk
By Cpelma K Hoffman Deputy
Fee 1.50