STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 176 — 28887 — STATE FILE NO. VOL. M69 PAGE 368 — DATE RECEIVED

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

FORM VS-3

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Fred — Middle: Arthur — Last: Bliss

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: 61 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pres. Inter. Com. 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.: 4668 Denver Street

4. DATE OF DEATH: Month June — Day 15 — Year 1968
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 541-28-8898
9. USUAL OCCUPATION (Kind of work done during most of life): Heavy Equip. Operator
10. KIND OF BUSINESS: Construction
11. NAME OF SPOUSE: Beulah
12. DATE OF BIRTH: February 12, 1895
13. AGE LAST BIRTHDAY (Yrs.): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Boise, Idaho
15. WAS DECEASED A CITIZEN OF: [X] U. S. [ ] Foreign (Country) — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? WW I
17. NAME OF FATHER: Fred A. Bliss
18. MAIDEN NAME OF MOTHER: Mary Francis Jones
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Beulah Bliss, wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) — Interval Between Onset and Death (Years, days, hours, etc.)
PART I: DEATH WAS CAUSED BY
IMMEDIATE CAUSE (A): Myocardial Failure — 2 months
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last
DUE TO (B): Arteriosclerosis & Emphysema — Yrs.
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? [ ] 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) (~~investigated the death~~) the deceased from or on 1965 (date) to (date) and that the death occurred at 2 P. m. from the causes and on the date stated above.
(Signature) (Title) Klamath Falls, Ore. (Address) 6/17/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DISPOSITION: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 6-19-68
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills Gardens
30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 6-18-68
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: O'Hair's, Klamath Falls,

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 JAN 18 1968 19

VOID IF ALTERED

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Beulah Bliss

this 14th day of January A. D. 1969 at 2:30 o'clock P M., and duly recorded in Vol. M69, of Deeds on Page 368

Wm D. MILNE, County Clerk

Fee 1.50

By Lorine M. Knutson