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CERTIFIED COPY

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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
STANDARD CERTIFICATE OF DEATH

STATE OF OREGON BOARD OF HEALTH PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 808 — STATE FILE NO. — DATE RECEIVED JAN 13 1969

1. NAME OF DECEASED (Type or print all entries in black ink): First JOHN; Middle THEODORE; Last TAYLOR

2. PLACE OF DEATH
A. COUNTY: Jackson
B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Medford
C. LENGTH OF STAY IN: 15 days
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Rogue Valley 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 - rural X
D. STREET ADDRESS, RURAL ROUTE, ETC.: Rt. 1 Box 912

4. DATE OF DEATH (Month, Day, Year): December 15 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 540-09-0698
9. USUAL OCCUPATION (Kind of work done during most of life): Farmer
10. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. NAME OF SPOUSE: California Taylor
12. DATE OF BIRTH (Month, Day, Year): February 26 1896
13. AGE LAST BIRTHDAY (Yrs.): 72 — IF UNDER 1 YEAR (Months, Days) — IF UNDER 24 HOURS (Hours, Minutes)
14. BIRTHPLACE (State or Foreign Country): Minden, Nebraska
15. WAS DECEASED A CITIZEN OF [X] U. S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W.#1
17. NAME OF FATHER: Samuel J. Taylor
18. MAIDEN NAME OF MOTHER: Anna M. Crooks
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: California Taylor (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): UNKNOWN — Interval Between Onset and Death (Years, days, hours, etc.): 4-6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): R/S PERIPHERAL NEUROLOGICAL LESION
DUE TO (C): DIABETES MELLITUS (ADULT)
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): DEPRESSION
21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [X] Yes [ ] 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 of~~) the deceased from on or about DECEMBER 2, 1968 (date) to DECEMBER 15, 1968 (date) and that the death occurred at 2:15 p.m. from the causes and on the date stated above.
(Signature) Ralph D. Faulkner M.D. (Title) 2951 Doctors Plc Dr. (Address) 12-24-68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 12/18/68
30C. NAME OF CREMATORY OR CEMETERY: Mt. Laki cemetery
30D. LOCATION (City or Town), State: near Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 12-28-68
32. REGISTRAR'S SIGNATURE: Bonnie Millare Deputy
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W. W. Ward Klamath Falls, Oregon

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.

MARGIN RESERVED FOR BINDING

VS-112 Rev. 2-2-67

NO UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON, County of Multnomah } ss.

DATE ISSUED JAN 16 1969

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Miriam R. Martin
STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ganong, Ganong And Gordon

this 17th day of January A. D. 19 69 at 3:52 o'clock P. M., and duly recorded in Vol. M-69, of Deeds on Page 466

Wm D. MILNE, County Clerk

Fee $1.50 By Marlene K. Klostermeier Deputy

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