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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH '68 015917

LOCAL REGISTRAR'S NUMBER 552 — STATE FILE NO. — DATE RECEIVED NOV 25 1968

1. NAME OF DECEASED (Type or print all entries in black ink) — First: EULA — Middle: GRACE — Last: PENLESKY

2. PLACE OF DEATH — A. COUNTY: Klamath — B. CITY, TOWN (if outside corporate limits, so specify) OR LOCATION: Klamath Falls — C. LENGTH OF STAY IN: 25 30 Years

3. USUAL RESIDENCE (If institution, give residence before admission) — A. STATE: Oregon — B. COUNTY: Klamath — C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION: Klamath Falls

D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: Ponderosa Nursing Home — D. STREET ADDRESS, RURAL ROUTE, ETC.: 249 Martin Street

4. DATE OF DEATH: Month November Day 13 Year 1968 — 5. SEX: Female — 6. COLOR OR RACE: White — 7. MARITAL STATUS: ☐ Married ☐ Widowed ☒ Divorced ☐ Never Married — 11. NAME OF SPOUSE

8. SOCIAL SECURITY NO.: 543-10-3064-A — 9. USUAL OCCUPATION (Kind of work done during most of working life): Laborer — 10. KIND OF BUSINESS OR INDUSTRY: Klamath Lumber & Box — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HOURS: Hours, Minutes

12. DATE OF BIRTH: Month May Day 28 Year 1899 — 13. AGE LAST BIRTHDAY: 69

14. BIRTHPLACE (State or Foreign Country): Parrottaville, Tennessee — 15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country, Name of Country — 16. IF DECEASED WAS A VETERAN, WHAT WAR? ——

17. NAME OF FATHER: Samuel Ottinger — 18. MAIDEN NAME OF MOTHER: Alice Steppe — 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Dora Mustard (Friend)

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): Cardiac Arrest — 1 min.

(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (B): Coronary Occlusion — 6 hrs.

DUE TO (C): Arteriosclerotic Heart Disease — Chronic

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 ☒ 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 Jan 27 1941 to Nov 13 1968 (dates) and that the death occurred at 2:40a on the date stated above. From the causes and on the date stated above. (Signature) John Mortimer M.D. (Title) Klamath Falls, Oregon (Address) Nov. 18, 1968 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE — 1870

30A. DECEASED WILL BE: ☐ Buried ☐ Cremated ☐ Removed ☐ Other — 30B. DATE: 11/15/68 — 30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park — 30D. LOCATION (City or Town, State): Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 11-19-68 — 32. REGISTRAR'S SIGNATURE: Marian C. Thomas — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Klamath Falls, Oregon

MARGIN RESERVED FOR BINDING — WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD — INFORMATION SHOULD BE CAREFULLY SUPPLIED — AGE SHOULD BE STATED EXACTLY — PARTIAL OMISSIONS OR INACCURACIES MAY BE FORENSICALLY CLASSIFIED AS FELONIES

VS-113 Rev. 3-2-67

STATE OF OREGON } ss.
County of Multnomah }

DATE ISSUED: FEB 13 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.

Marian H. Morton
STATE REGISTRAR

STATE OF OREGON, }
County of Klamath }
Filed for record at reques of:
Dora Mustard
on this 25 day of March A.D. 69
at 11:39 o'clock A M. and du
recorded in Vol. M-69 of Deeds
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Wm D. MILNE, County Clerk
By Thelma Lane Deputy
Fee $1.50