30468

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. M69 PAGE 2243

CERTIFIED COPY OF DEATH RECORD

68-1430

LOCAL REGISTRAR'S NUMBER 17 | STATE FILE NO. | DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First Barbara; Middle Sarah; Last Anderson

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: 30 years; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pres. Intercomm. Hospt.

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.: 2253 Reclamation Ave.

4. DATE OF DEATH: Month January; Day 12; Year 1967

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: ---

9. USUAL OCCUPATION (Kind of work done during most of life): Housewife

10. KIND OF BUSINESS OR INDUSTRY: ----

11. NAME OF SPOUSE: James A. Anderson

12. DATE OF BIRTH: Month August; Day 4; Year 1888

13. AGE LAST BIRTHDAY: Yrs. 78; IF UNDER 1 YEAR: Months ____ Days ____; IF UNDER 24 HOURS: Hours ____ Minutes ____

14. BIRTHPLACE (State or Foreign Country): San Bernardino, California

15. WAS DECEASED A CITIZEN OF: ☒ U.S. ☐ Foreign Country ____ Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER: William Nathan Keller

18. MAIDEN NAME OF MOTHER: Mary Elizabeth Heap

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: James A. Anderson, husband

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): Acute anterior (days) and Acute posterior (hours) myocardial infarct. — hours & days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Occlusion of left ant. desc. & right circumflex coronaries " — DUE TO (C): Arteriosclerotic Heart Disease — years

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 ____ Month ____ Day ____ Year ____ ..... a.m. ..... p.m.

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended the deceased from or on performed an autopsy (date) to 1-12-67 (date) and that the death occurred at 9:52p m. from the causes and on the date stated above.

George R. Nicholson, M.D. (Signature) — (Title) — Klamath Falls, Oregon (Address) — 1/13/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other

30B. DATE: 1-16-67

30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills

30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 1-16-67

32. REGISTRAR'S SIGNATURE: Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mike O'Hair 515 Pine, K. Falls, Ore. O'Hair's

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

Date January 16, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of TRANSAMERICA TITLE INS. CO.

this 27th day of MARCH A. D. 1969 at 3:35 o'clock P M., and duly recorded in Vol. M-69, of DEEDS on Page 2243

Wm D. MILNE, County Clerk

FEE $ 1.50

By Marlene K. Houtman
Deputy