STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 108 — 31018 — STATE FILE NO. VOL M69 PAGE 2841 — 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: Florence — Middle: Nettie — Last: Griffin

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 2B: --
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION: P. I. Hospital

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. STREET ADDRESS, RURAL ROUTE, ETC.: 435 Pacific Terrace

4. DATE OF DEATH: Month: April — Day: 11 — Year: 1969
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: ☐ Married ☒ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 544-24-0900
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS/INDUSTRY: Homemaking
11. NAME OF SPOUSE: ---
12. DATE OF BIRTH: Month: November — Day: 9 — Year: 1898
13. AGE LAST BIRTHDAY: 70 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Wild Rice, North Dakota
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: Charles Campdin
18. MAIDEN NAME OF MOTHER: Caroline Paulson
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Charles Askegaard, nephew

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): Myocardial infarction — Interval Between Onset and Death (Years, days, hours, etc.): 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Arteriosclerotic cardiovascular disease — 10 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 ☒ 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) (investigated) the deceased from 4-1-69 (date) to 4-11-69 (date) that the death occurred at 9:33p from the causes and on the date stated above.
Herbert F. Conner (Signature) M.D. (Title) Klamath Falls Ore (Address) 4-14-69 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 4/16/69
30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills
30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 4-16-69
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Reid Hearse 516 Pine, K. Falls, Ore.

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.

DEPARTMENT OF HEALTH STATE OF OREGON (SEAL) CLASS

NEIL BLACK, M. D.
Registrar Vital Statistics

By Marian Ackerman
Deputy Registrar

Date APR 17 1969 19

VOID IF ALTERED

STATE OF OREGON,
County of Klamath
Filed for record at request of
Ganong, Ganong And Gordon
on this 21st day of April A.D. 9 69
at 9:05 o'clock A. M., and duly
recorded in Vol. M-69 of Deeds
Page 2841.
Wm D. MILNE, County Clerk
By Thelma K. Christman Deputy
Fee $1.50

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