4453

32283 VOL. M69 PAGE

CERTIFIED COPY
OF
OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 112

STATE FILE NO. '69 005468

DATE RECEIVED MAY - 9 1969

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Gerald — Middle: Wilson — Last: Bevans

2. PLACE OF DEATH A. COUNTY: Klamath	3. USUAL RESIDENCE (If institution, give residence before admission) A. STATE: Oregon B. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls — C. LENGTH OF STAY IN 2B: 22 years	C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 2027 Melrose Street	D. STREET ADDRESS, RURAL ROUTE, ETC.: 2027 Melrose Street

4. DATE OF DEATH (Month Day Year)	5. SEX	6. COLOR OR RACE	7. MARITAL STATUS
April 14 1969	Male	White	[X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.	9. USUAL OCCUPATION (Kind of work done during most of life)	10. KIND OF BUSINESS OR INDUSTRY	11. NAME OF SPOUSE
540-14-5353	School Teacher	Education	Alieen Bevans

12. DATE OF BIRTH (Month Day Year)	13. AGE LAST BIRTHDAY (Yrs.)	IF UNDER 1 YEAR (Months, Days)	IF UNDER 24 HOURS (Hours, Minutes)
September 23 1908	60		

14. BIRTHPLACE (State or Foreign Country)	15. WAS DECEASED A CITIZEN OF	16. IF DECEASED WAS A VETERAN, WHAT WAR?
Lyman County, South Dakota	[X] U. S. [ ] Foreign Country — Name of Country	No

17. NAME OF FATHER	18. MAIDEN NAME OF MOTHER	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED
Ferandos Bevans	Jean McWhirter	Alieen Bevans, Widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).

PART I: DEATH WAS CAUSED BY:
436.9 IMMEDIATE CAUSE (A): C.V.A. — Interval Between Onset and Death (Years, days, hours, etc.): 10 days

Conditions, if any, which gave rise to above cause (A), stating the underlying cause last: DUE TO (B):

DUE TO (C):

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PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (A): [illegible]

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 of)~~ the deceased from or on [illegible] (date) to [illegible] (date) and that the death occurred at 10:30a from the causes and on the date stated above.

[signature] (Signature) M.D. (Title) [illegible] (Address) 4/17 (Date Signed)

UNAUTHORIZED CHANGES VOID IF ARE MADE ON COPY

29. RESERVED FOR REGISTRAR'S USE

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

31. DATE RECEIVED BY LOCAL REGISTRAR	32. REGISTRAR'S SIGNATURE	33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
4-18-69	Marian Ackerman	[signature] 515 Pine, Klamath Falls, Ore.

THAT IT MAY BE PROPERLY CLASSIFIED.

6-5-67 (2)

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED
JUN 5 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 M. Martin [signature]
STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. G. W. Bevans

this 9th day of June A. D. 1969 at 2:00 o'clock P.M., and

duly recorded in Vol. M 69, of Deeds on Page 4453

Wm D. MILNE, County Clerk

By Louise Mitchell Deputy

Return to: Mrs. G.W. Bevans 2027 Melrose St. City

fee 1.50

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