GR 756 Kay

37201

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

M67 - 4464

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 181

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First SAMUEL; Middle FRANKLIN; Last SCOTT

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 33 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Presbyterian Intercommunity 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
D. STREET ADDRESS, RURAL ROUTE, ETC. 200 High Street

4. DATE OF DEATH: Month June; Day 16; Year 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 541-36-7619
9. USUAL OCCUPATION (Kind of work done during most of life): Chiropodist
10. KIND OF BUSINESS OR INDUSTRY: Self
11. NAME OF SPOUSE: Jane Scott
12. DATE OF BIRTH: Month February; Day 15; Year 1893
13. AGE LAST BIRTHDAY: 74 Yrs. IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HOURS: Hours ___ Minutes ___
14. BIRTHPLACE (State or Foreign Country): Steele City, Nebraska
15. WAS DECEASED A CITIZEN OF [X] U. S. [ ] Foreign Country ___ Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? ---
17. NAME OF FATHER: Wilbur Scott
18. MAIDEN NAME OF MOTHER: Charity McMains
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Jane Scott (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): Cardiac insufficiency — Interval between Onset and Death: 1-2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last
DUE TO (B): Old posterior infarction ASHD — many years
DUE TO (C): Adrenal failure — 1-2 days
Postoperative - aorto - ilio - femoral thromboendarterectomy — 1 day

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): gangrene left toes

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) the deceased from or on 6/14/67 (date) to death 6/16/67 (date) and that the death occurred at 2:30p m. from the causes and on the date stated above.
G. Nicholson, M.D. (Signature) — (Title) — Klamath Falls, Oregon (Address) — 6/17/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE 6/19/67
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills
30D. LOCATION (City or Town) State Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 6-19-67
32. REGISTRAR'S SIGNATURE Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm P. Kendall Klamath Falls, Oregon

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. Verron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy

Date June 20, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON,
County of Klamath
Filed for record at request of
Transamerica Title Ins. Co.
on this 9th day of June A.D. 69
at 3:35 o'clock P. M., and duly
recorded in Vol. M-69 of Deeds
Page 4464
Wm D. MILNE, County Clerk
By Marian K. Hoffman Deputy
Fee $1.50

24