MEDICAL INVESTIGATOR CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED

STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 200 — STATE FILE NO. 5985 — VOL. — PAGE —

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First JAMES — Middle WAYNE — Last PINNIGER

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: 26 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Rt. # 3 - Box # 1305

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.: Rt. # 3 - Box # 1305

4. DATE OF DEATH: Month June — Day 25 — Year 1969
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 541-05-7097
9. USUAL OCCUPATION (Kind of work done during most of life): Physical Plant Supervisor
10. KIND OF BUSINESS OR INDUSTRY: O.T.I.
11. NAME OF SPOUSE: Dorothy Pinniger
12. DATE OF BIRTH: Month January — Day 26 — Year 1906
13. AGE LAST BIRTHDAY: 63 Yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HOURS: Hours — Minutes
14. BIRTHPLACE (State or Foreign Country): Fort Wayne, Indiana
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: Harry C. Pinniger
18. MAIDEN NAME OF MOTHER: Alice Weedle
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Dorothy Pinniger (Wife)

MEDICAL CERTIFICATION

TO MEDICAL INVESTIGATOR: Complete and sign medical certification (items 20-28) and give to funeral director as soon as possible after inquiry.

NOTE: If "pending" must be indicated, notify registrar of final decision as soon as possible.

20. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Myocardial insufficiency — Interval between onset and death: Immediate
DUE TO (B): Coronary occlusion — Immediate
DUE TO (C):
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

21. AUTOPSY? Yes [ ] No [ ] AUTHORIZED Dr. Black

22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS.? yes [ ] no [ ] unknown [ ]
23. EXTERNAL CAUSE OF DEATH WAS Primary [ ] or Contributing [ ]
24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in part I or part II)
25. TIME OF INJURY (Hour) (Day) (Year) A.M. P.M.
26. INJURY OCCURRED while at work [ ] not while at work [ ]
27A. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
27B. (City or town) (County) (State)

28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about 8:35 A.M. (PM) from the cause stated above. (County)
Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]
ACTUAL SIGNATURE OF MEDICAL INVESTIGATOR: Neil Black M.D. — FOR (name of coroner or county): Klamath — (city or county)

FUNERAL DIRECTOR

29. Burial [X] Removal [ ] Cremation [ ] Other [ ]
30. DATE: 6/30/69
31. PLACE OF BURIAL, REMOVAL, ETC.: Eternal Hills Memorial Gardens, Klamath Falls, Oregon
NAME OF FUNERAL HOME AND ADDRESS: Ward's Klamath Funeral Home, Klamath Falls, Oregon
32. (signature of funeral director or person acting as such)

REGISTRAR

33. (signature of registrar) Marian Ackerman
DATE RECORD FILED: 6-30-69

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.

NEIL BLACK, M. D.
Registrar Vital Statistics

By Marian Ackerman
Deputy Registrar

Date JUN 30 1969 19

(SEAL)

VOID IF ALTERED

STATE OF OREGON,
County of Klamath } ss.
Filed for record at request of
Ganong, Ganong & Gordon
on this 9th day of July A.D. 19 69
at 4:40 o'clock P M, and duly
recorded in Vol. M 69 of Deeds
page 5985
Wm D. MILNE, County Clerk
By Hazel Drazel Deputy
Fee $1.50