STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Local File Number: 9565

CERTIFICATE OF DEATH

NOV 14 11 51 AM 1969

State File Number: VOL. 69 PAGE 9565

DECEASED

1. DECEASED—NAME: First: OTTA Middle: HEOGY Last: LEOTA FOUCH
2. DATE OF DEATH (month, day, year): November 8, 1969
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Female
5a. AGE—Last birthday (years): 74
5b. Under 1 year: mons. days
5c. Under 1 day: hours mins.
6. DATE OF BIRTH (month, day, year): February 11, 1895
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Indiana
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Floyd Fouch
12. SOCIAL SECURITY NUMBER: 544-24-1138
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
13b. KIND OF BUSINESS OR INDUSTRY: At home
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 3340 Bisbee
15. FATHER—NAME (first middle last): John N.Kelly
16. MOTHER—Maiden Name (first middle last): Minnie Boggs
17. INFORMANT—NAME and relationship to deceased: Floyd Fouch (Husband)

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
(a) Cardiac Arrest — Seconds
due to, or as a consequence of:
(b) Myocardial Infarction — 2 weeks
due to, or as a consequence of:
(c) Arteriosclerotic Heart Disease — Years

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

AUTOPSY (yes or no): 19a. No
IF YES were findings considered in determining cause of death: 19b.

ACCIDENT (specify yes or no): 20a.
DATE OF INJURY (month, day, year): 20b.
HOUR: 20c. M.
HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d.
INJURY AT WORK (specify yes or no): 20e.
PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.
LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21. May '68 to 11-8-69
And Last Saw Him/Her Alive on: 11-8-69
I Did/Did Not view the body after death (specify)
DEATH OCCURRED (hour): 9:05 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

PHYSICIAN—SIGNATURE: 22a. Kenneth K. Magee M.D.
NAME (type or print): 22b. Kenneth K. Magee, M.D. degree or title
DATE SIGNED (month, day, year): 22c. Nov. 12, 1969
MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 23. Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial
CEMETERY OR CREMATORY—NAME: 24b. Eternal Hills
LOCATION (city or town, state): 24c. Klamath Falls, Oregon
DATE (mo., day, year): 24d. 11/12/69
FUNERAL DIRECTOR—SIGNATURE: 25a.
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. Hard's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
REGISTRAR—SIGNATURE: 26a. Marian Thomas
DATE RECEIVED BY LOCAL REGISTRAR: 26b. 11-12-69
DATE RECEIVED BY STATE REGISTRAR: 27.
RESERVED FOR REGISTRAR'S USE: 28.

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

VS-2 R-69

STATE OF OREGON
County of Klamath } ss.
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 ..., Deputy Registrar 19
Date NOV 18 1969

(SEAL)

VOID IF ALTERED

STATE OF OREGON,
County of Klamath } ss.
Filed for record at request of: FLOYD FOUCH
on this 14th day of November A. D., 1969
at 11:51 o'clock A.M. and duly recorded in Vol. M 69 of DEEDS
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WM. D. MILNE, County Clerk
By ..., Deputy.
Fee $1.50