38946

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

VOL M70 PAGE 1481

242
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): OTIS MARTIN METSKER
2. DATE OF DEATH (month, day, year): July 27, 1969
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 66
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): May 15, 1903
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): Kansas
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Violet Metsker
12. SOCIAL SECURITY NUMBER: 701-10-7790
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Policeman - retired
13b. KIND OF BUSINESS OR INDUSTRY: City

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

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 1755 Oregon Ave.
15. FATHER—NAME (first middle last): Granville Metsker
16. MOTHER—Maiden Name (first middle last): Effie R. Martin
17. INFORMANT—NAME and relationship to deceased: Violet Metsker (Wife)

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. immediate cause (a) Myocardial infarction — 9 hours
due to, or as a consequence of: (b)
due to, or as a consequence of: (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

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

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

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

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year — I last saw him alive on: month day year — I did/did not view the body after death (specify): I did — DEATH OCCURRED (hour): 6:00 A.M. — at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
for 30 minutes July 27, 1969 - Same — Same
22a. PHYSICIAN—SIGNATURE: Jack N. Martin, M.D.
22b. NAME (type or print): Jack N. Martin, M.D.
22c. DATE SIGNED (month, day, year): 28 July 1969
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 4036 South 6th. Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): July 31, 1969
25a. FUNERAL DIRECTOR—SIGNATURE:
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box #217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: 7-28-69
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

FEB 25 10 36 AM 1970

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 [signature], Deputy Registrar
Date AUG 29 1969 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Violet Metsker
this 25th day of February A.D., 1970 at 10:36 o'clock A.M., and duly recorded in Vol. M-70 of Deeds on Page 1481

WM. D. MILNE, County Clerk
By [signature], Deputy

FEE $1.50

FEB 25 1 55 PM 1970