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MAR 30 11 02 AM 1970

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 11541

DATE RECEIVED SEP 27 1959

1. NAME OF DECEASED: Clifford Errol Daw

2a. PLACE OF DEATH — A. COUNTY: Klamath

B. CITY, TOWN OR LOCATION: Fort Hill — LENGTH OF STAY IN THIS PLACE: 25 — COUNTY: Klamath

C. NAME OF HOSP. OR INSTITUTION: 14 mi. due west of Chiloquin

3a. USUAL RESIDENCE — A. STATE: Oregon — B. COUNTY: Klamath

C. CITY, TOWN OR LOCATION: Chiloquin - rural

D. STREET ADDRESS, RURAL ROUTE, ETC.: Chiloquin - in forest

4. DATE OF DEATH: September 10, 1959

5. SEX: male

6. COLOR OR RACE: White

7. MARITAL STATUS: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.:

9. USUAL OCCUPATION: Employee State Highway Dept.

10. KIND OF BUSINESS OR INDUSTRY:

11. NAME OF SPOUSE:

12. DATE OF BIRTH: July 10, 1927

13. AGE LAST BIRTHDAY: 32

IF UNDER 1 YEAR — MONTHS — DAYS

IF UNDER 24 HOURS — HOURS — MINUTES

14. BIRTHPLACE: Portland, Oregon

15. WAS DECEASED A CITIZEN OF U.S.A.? ☐ Yes ☐ No — Foreign Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? W W 2

17. NAME OF FATHER: Lawrence Daw

18. MAIDEN NAME OF MOTHER: Leona Smith

19. INFORMANT'S NAME AND ADDRESS: Lona Johnson, grandmother

20a. CAUSE OF DEATH: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Maceration (Funny) minutes

DUE TO (B):

DUE TO (C):

21. If death was due to an accident, was it? ☐ Yes ☐ No

22. Was an autopsy performed? ☐ Yes ☐ No

23. Was decedent pregnant within the past year? ☐ Yes ☐ No

24. PLACE OF INJURY: forest

25. LOCATION: 14 mi. west of Chiloquin - forest — Oregon — Klamath — Fort Hill

26. DESCRIBE HOW INJURY OCCURRED: burned to death while fighting a forest fire. Scattered

27. DATE OF INJURY: 9/10/59

28. I HEREBY CERTIFY that I attended the deceased from Sept. 10, 1959 to Sept. 10, 1959 that I last saw the deceased alive on Sept. 10, 1959 and that death occurred on the date stated above, at 1:00 P.M. Coroner Klamath County, Oregon

29. Signature and Address: 9/15/59

30. DISPOSITION: Burial — Linkville Cemetery — Klamath Falls, Oregon

31. FUNERAL DIRECTOR AND ADDRESS: Klamath Falls, Oregon

32. REGISTRAR'S USE

STATE OF OREGON, COUNTY OF MULTNOMAH) SS

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.

DATE ISSUED Mar. 23 1970

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of BERTHA V. JOHNSON

this 30th day of March A. D., 1970 at 11:02 o'clock A.M., and duly recorded in Vol. M 70, of Deeds on Page 2439

WM. D. MILNE, County Clerk

Fee $1.50 By Hazel Bragg