APR 17 12 21 PM 1970

40242 VOL M70 PAGE 2953

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH and PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 348

STATE FILE NO. '66 017722

DATE RECEIVED DEC 2 / 1966

1. NAME OF DECEASED (Type or print full; underline or black out): First RAY; Middle STEPHEN; Last VAN METER

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Malin
C. LENGTH OF STAY IN JURISDICTION: Life
D. NAME OF HOSPITAL OR INSTITUTION: No numbers

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Malin
D. STREET ADDRESS (RURAL ROUTE, ETC.): No numbers - P.O. Box # 52

4. DATE OF DEATH: December 4 1966
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 541-36-8980
9. USUAL OCCUPATION (Kind of work done during most of working life): Well Driller
10. KIND OF BUSINESS OR INDUSTRY: Self
11. NAME OF SPOUSE: Rose Van Meter
12. DATE OF BIRTH: January 20 1896
13. AGE LAST BIRTHDAY: 70 yrs (If under 1 year: Months, Days; If under 24 hours: Hours, Minutes)
14. BIRTHPLACE (State or Foreign Country): Poe Valley, Oregon
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: Marion L. Van Meter
18. MAIDEN NAME OF MOTHER: Nannie E. Porter
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Rose Van Meter (Wife)

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (a), (b), AND (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial failure — Interval Between Onset and Death: minutes
DUE TO (b): Acute Coronary thrombosis — minutes
DUE TO (c): Arteriosclerotic cardiovascular disease — years
PART II. Other Significant Conditions Contributing to Death but not related to the terminal disease or condition given in Part I (a):

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, Factory, etc.)
25B. City, County, State
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I attended the deceased from 12/4/66 to 12/4/66 and last saw him alive on December 4, 1966 at 5:45p.m. Death occurred at 5:45p.m. from the causes and on the date stated above.
► L. J. Roth M.D. (Signature) M.D. Tulelake, California (Address) Dec 5, 1966 (Date)

29. RESERVED FOR REGISTRAR'S USE: 420.1

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Donated
30B. DATE: 12/7/66
30C. NAME OF CEMETERY OR CREMATORY: Malin Cemetery
30D. LOCATION (City or Town, State): Malin, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 12-6-66
32. REGISTRAR'S SIGNATURE: Marian Patterson
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Klamath Falls, Oregon

MEDICAL CERTIFICATION

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED

MARGIN RESERVED FOR BINDING

Apr 13 1970

STATE OF OREGON, COUNTY OF MULTNOMAH } ss — DATE ISSUED
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.
STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Robert Thomas

this 17th day of April A. D., 19 70 at 12:21 o'clock P. M., and duly recorded in Vol. M-70, of Deeds on Page 2953.

FEE $1.50 16

WM. D. MILNE, County Clerk
By Charleen K. Horstman - Deputy