OREGON STATE BOARD OF HEALTH

MAY 7 12 19 PM 1970 VOL M70 PAGE 3642

40839

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number | State File Number

DECEASED—NAME (First, Middle, Last)	DATE OF DEATH (month, day, year)
1. ROY CALL ANDERSON	2. April 25, 1970

RACE (White, Negro, American Indian, etc. specify)	SEX	AGE—last birthday (years)	Under 1 Year: mos. / days	Under 1 Day: hours / min.	DATE OF BIRTH (month, day, year)
3. White	4. Male	5a. 46	5b.	5c.	6. April 7, 1924

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	Inside City Limits (specify yes or no)	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)
7a. Lane	7b. near Oakridge	7c. No	7d. Highway # 58

STATE OF BIRTH (if not in U.S.A., name of country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	NAME OF SPOUSE
8. Oregon	9. USA	10. Married	11. Ruth Ann Anderson

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
12. 543-28-6576	13a. Farming	13b. Self

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	Inside City Limits (specify yes or no)	STREET AND NUMBER OR RFD
14a. Oregon	14b. Klamath	14c. Klamath Falls	14d. No	14e. Rt. # 1 - Box # 896

FATHER—NAME (first, middle, last)	MOTHER—Maiden Name (first, middle, last)	INFORMANT—NAME and relationship to deceased
15. Otto F. Anderson	16. Alberta Blanche Wilson	17. Ruth Ann Anderson (Wife)

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)	Cardiac arrest	Immediate
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of: (b)		
due to, or as a consequence of: (c)		

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

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

DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)
20a.	20b. M.	20c.

INJURY AT WORK (specify yes or no)	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)
20d.	20e.	20f.

MEDICAL INVESTIGATOR

CERTIFICATION—MEDICAL INVESTIGATOR:
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:

DEATH OCCURRED (hour)	THE DECEDENT WAS PRONOUNCED DEAD month / day / year / hour	FROM:			
21a. About 5:15 P.M.	21b. April 25 1970 5:30 P.M.	21c.	Natural Causes ☒	Accident ☐	Suicide ☐
			Homicide ☐	Undetermined ☐	Pending ☐

CERTIFIER—SIGNATURE	NAME—(type or print)	Degree or Title
22a. Neil Black M.D.	22b. Neil Black, M.D.	

MEDICAL INVESTIGATOR: FOR:	COUNTY	DATE SIGNED (month, day, year)
22c.	Klamath	28 April 1970

CERTIFIER

1/27/70

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town / state	DATE (month, day, year)
24a. Burial	24b. Mt. Laki Cemetery	24c. near Klamath Falls, Oregon	24d. Apr. 29, 1970

BURIAL

FUNERAL DIRECTOR—SIGNATURE	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
25a.	Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	DATE RECEIVED BY STATE REGISTRAR
26a. Neil Longtow, Deputy	26b. 4-30-70	27.

RESERVED FOR REGISTRAR'S USE
28.

VSL-107 R-69

STATE OF OREGON)
)
COUNTY OF Lane)

Date May 1, 1970

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Oregon State Board of Health.

VITAL STATISTICS DISTRICT NO. 1 (SEAL) STATE OF OREGON

Harold D. Lyman M.D.
Registrar of Vital Statistics
By Neil Longtow, Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ruth Anderson

this 7th day of May A. D., 1970 at 12:19 o'clock P.M., and duly recorded in Vol. M70, of Deeds on Page 3642

WM. D. MILNE, County Clerk
By Phyllis Lutteke

Fee $1.50

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MAY 7 12 49 PM 1970

40845

FORM No. 690—DEED, WA... 1967

Lb 8360 T

FORM No. 633—WARRANTY DEED

SK

KNOW ALL M...
and Wanda M...

in consideration of F...

to grantor paid by R...
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(ORS 93.490)

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