45536

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

VOL. M70 PAGE 8989

CERTIFICATE OF DEATH

Local File Number: 313

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): Allen Ray Ewing
2. DATE OF DEATH (month, day, year): October 1, 1970
3. RACE (White, Negro, American Indian, etc. (specify)): white
4. SEX: male
5a. AGE—Last birthday (years): 80
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): July 16, 1890
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): no
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Klamath County Nursing Home
8. STATE OF BIRTH (If not in U.S.A., name country): Ohio
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): married
11. NAME OF SPOUSE: Mary Ewing
12. SOCIAL SECURITY NUMBER: 542-05-1504A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): retired trucker
13b. KIND OF BUSINESS OR INDUSTRY: trucking
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.: 1917 Wiard
15. FATHER—NAME (first, middle, last): Porter Ewing
16. MOTHER—Maiden Name (first, middle, last): Emma Bright
17. INFORMANT—NAME and relationship to deceased: Mary Ewing widow

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

OCT 7 2 22 1970

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

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

		approximate interval between onset and death
18.	immediate cause: CEREBROVASCULAR ACCIDENTS	12 MONTHS
	(a) due to, or as a consequence of: CEREBRAL ARTERIOSCLEROSIS	
	(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): NONE

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: M.
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: 11-6 1962 (month day year) TO 10-1-70 (month day year) And Last Saw Him/Her Alive on: 9-15-70 (month day year) I saw/Did Not view the body after death (specify)
DEATH OCCURRED (hour): 7:15 PM. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Everett E. Howard
22b. NAME (type or print) degree or Title: EVERETT E. HOWARD, M. D.
22c. DATE SIGNED (month, day, year): OCT 2 1970
MAILING ADDRESS—PHYSICIAN (street, town, state, zip): 613 Medical Dental Bldg. Klamath Falls, Oregon

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): burial
24a. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24b. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): Oct 6, 1970
25a. FUNERAL DIRECTOR—SIGNATURE: Bill O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel 515 Pine Klamath Falls Oregon
26a. REGISTRAR—SIGNATURE: Marian Lehman
26b. DATE RECEIVED BY LOCAL REGISTRAR: Oct 2 1970
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON, County of Klamath } ss.

Filed for record at request of: Mary Ewing
on this 7th day of October A. D., 1970
at 2:21 o'clock P M. and duly
recorded in Vol. M70 of Deeds
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WM. D. MILNE, County Clerk
By Phyllis Lutteke, Deputy.
Fee $1.50

STATE OF OREGON
County of Klamath
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 NOV 2 1970, 19

(SEAL)

VOID IF ALTERED