JAN 21 11 50 AM 1971 48312

VOL. M71 PAGE 568

'70-011950

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

# CERTIFICATE OF DEATH

Local File Number: 253 — State File Number:

| | |
|---|---|
| 1. DECEASED—NAME (First, Middle, Last) | James A. Hood |
| 2. DATE OF DEATH (month, day, year) | August 9, 1970 |
| 3. RACE (White, Negro, American Indian, etc. (specify)) | white |
| 4. SEX | male |
| 5a. AGE—last birthday (years) | 53 |
| 5b. Under 1 Year: mos. / days | |
| 5c. Under 1 Day: hours / min. | |
| 6. DATE OF BIRTH (month, day, year) | April 3, 1917 |
| 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) | 3850 Kelley Dr |
| 8. STATE OF BIRTH (if not in U.S.A., name of country) | Texas |
| 9. CITIZEN OF WHAT COUNTRY | USA |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) | married |
| 11. NAME OF SPOUSE | Rosemary Hood |
| 12. SOCIAL SECURITY NUMBER | 567 36 2317 |
| 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) | Retired US Navy |
| 13b. KIND OF BUSINESS OR INDUSTRY | Navy |
| 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 RFD | 3850 Kelley Dr |
| 15. FATHER—NAME first middle last | W.E. Hood |
| 16. MOTHER—Maiden Name first middle last | Leatha McLeod |
| 17. INFORMANT—NAME and relationship to deceased | Rosemary Hood widow |

412.3

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 insufficiency — years
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Arteriosclerotic heart disease
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)

| | |
|---|---|
| 19a. AUTOPSY (yes or no) | no |
| 19b. IF YES were findings considered in determining cause of death | |
| 20a. DATE OF INJURY (month, day, year) | |
| 20b. HOUR | M. |
| 20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) | |
| 20d. INJURY AT WORK (specify yes or no) | |
| 20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) | |
| 20f. LOCATION (street or R.F.D. No., city or town, county, state) | |

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:

| | |
|---|---|
| 21a. DEATH OCCURRED (hour) | 11:50AM M. |
| 21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour) | 9 Aug 1970 11:50 PM. |
| 21c. FROM: Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ] | |
| 22a. CERTIFIER—SIGNATURE | Neil Black MD |
| 22b. NAME—(type or print) / Degree or Title | Neil Black MD |
| 23. MEDICAL INVESTIGATOR: FOR: COUNTY | Klamath |
| DATE SIGNED (month, day, year) | 13 Aug 1970 |

CERTIFIER

| | |
|---|---|
| 24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) | Burial |
| 24b. CEMETERY OR CREMATORY—NAME | At Sea |
| 24c. LOCATION city or town, state | Out of San Francisco, Calif At Sea |
| 24d. DATE (month, day, year) | |
| 25a. FUNERAL DIRECTOR—SIGNATURE | O'Hair |
| 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) | O'Hair's Funeral Chapel 515 Pine Klamath Falls Oregon |

BURIAL

181 D

| | |
|---|---|
| 26a. REGISTRAR—SIGNATURE | Mary Nelson |
| 26b. DATE RECEIVED BY LOCAL REGISTRAR | AUG 13 1970 |
| 27. DATE RECEIVED BY STATE REGISTRAR | AUG 25 1970 |
| 28. RESERVED FOR REGISTRAR'S USE | |

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED JAN 18 1971

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.

Miriam M. Moore

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mrs. Rosemary Hood

this 21st day of January A. D., 1971 at 11:50 o'clock A. M., and duly recorded in Vol. M 71, of Deeds on Page 568

WM. D. MILNE, County Clerk

Fee $ 1.50 By Cara A Sheller

FORM No. 256 A
D D 1 MAY 50