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

LOCAL REGISTRAR'S NUMBER 492

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND 97201
PUBLIC HEALTH SERVICE

STATE FILE NO. '69 001348
DATE RECEIVED FEB 10 1969

1. NAME OF DECEASED (Type or print all entries in black ink) — First: MYRTLE — Middle: V — Last: STRATTON

2. PLACE OF DEATH
A. COUNTY: Multnomah
B. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Portland
C. LENGTH OF STAY IN 2B: 6 Days
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Physician and Surgeons

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2432 Darrow

4. DATE OF DEATH (Month, Day, Year): 1-19-69
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 540-20-1038
9. USUAL OCCUPATION (Kind of work done during most of life): At Home
10. KIND OF BUSINESS OR INDUSTRY: – – –
11. NAME OF SPOUSE: Sim Stratton
12. DATE OF BIRTH (Month, Day, Year): 5-11-1906
13. AGE LAST BIRTHDAY (Yrs): 62 — If under 1 year: Months, Days — If under 24 hours: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): Washington
15. WAS DECEASED A CITIZEN OF: U.S. / Foreign Country, Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: – – – –
17. NAME OF FATHER: William Booker
18. MAIDEN NAME OF MOTHER: Carrie Lyons
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Hospital Records

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C))

		Interval between onset and death (Years, days, hours, etc.)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A):	Pulmonary Infarction	12 hrs
DUE TO (B):	Congestive Heart Failure	24 hrs.
	Uremia	48 hrs.
DUE TO (C):	Carcinoma of the rectum	1/6/69

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 last 12 months? [ ] Yes [X] 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, Forest, etc.)
25B. City, County, State
26. TIME OF INJURY: Hour, Month, Day, Year — a.m. / p.m.
27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: I certify that I (attended) (investigated) the death of the deceased from 1/6/69 (date) to 1/19/69 (date) and that the death occurred at 10:30a m. from the causes and on the date stated above.
(Signature) MD (Title) 919 SW Taylor, Rm. 706, Portland, Ore (Address) 1/22/69

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [ ] Buried [ ] Cremated [X] Removed [ ] Other
30B. DATE: 1-21-69
30C. NAME OF CREMATORY OR CEMETERY: Klamath Mem. Park
30D. LOCATION (City or Town, State): Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: JAN 24 1969
32. REGISTRAR'S SIGNATURE: (signature), M.D.
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hennessey, Goetsch and McGee- Portland

STATE OF OREGON, COUNTY OF MULTNOMAH) SS — DATE ISSUED: Mar. 31 1970

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.

(signature) STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title Insurance Co.
this 25th day of February A. D., 1971 at 11:23 o'clock A M., and duly recorded in Vol. M71, of Deeds on Page 1594

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WM. D. MILNE, County Clerk
By (signature)

Fee $1.50

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