50251

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

VOL M71 PAGE 2710

74
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: Charles Middle: Leland Last: Michael
2. DATE OF DEATH (month, day, year): March 26, 1971
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 70 5b. Under 1 year (mos., days) 5c. Under 1 day (hours, min.)
6. DATE OF BIRTH (month, day, year): May 29, 1900
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Louise M. Michael
12. SOCIAL SECURITY NUMBER: 700-12-4098
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Railroad Conductor
13b. KIND OF BUSINESS OR INDUSTRY: Railroad: OC & E

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

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.: 5425 Shasta Wa.
15. FATHER—NAME first middle last: Emery Edward Michael
16. MOTHER—Maiden Name first middle last: Nancy Ellen Boyd
17. INFORMANT—NAME and relationship to deceased: Louise M. Michael, Wife

CAUSE

PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
18. Approximate interval between onset and death
(a) immediate cause: [illegible] — 1 [illegible] 2
due to, or as a consequence of:
(b)
due to, or as a consequence of:
(c)

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

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. 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 3 19 71 to 3 26 71. And Last Saw Him/Her Alive on: 3 19 71. I Did/Did Not view the body after death (specify). DEATH OCCURRED (hour): 3:30 P. M at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: C L Huntimo [signature]
22b. NAME (type or print): C L Huntimo
22c. DATE SIGNED (month, day, year): 3/29/71
23. MAILING ADDRESS—PHYSICIAN: 403 4 [illegible] Klamath Falls Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): March 29, 1971
25a. FUNERAL DIRECTOR—SIGNATURE: [signature] # 130
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine St., K. Falls, Ore.
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: March 29, 1971
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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.

(SEAL)

NEIL BLACK, M.D., Registrar Vital Statistics

By [signature] Deputy Registrar
Date MAR 31 1971 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH: ss.

Filed for record at request of Louise Michael

this 1st day of April A. D. 19 71 at 1:30 o'clock P M., and duly recorded in Vol. M 71, of Discharges on Page 2710

WM. D. MILNE, County Clerk

Fee $1.50 By Alice C. [signature]