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I hereby certify that this is a true and correct copy made of the original certificate on file in this office in accordance with the law of Iowa requiring filing of Vital Records. This record is not valid if this photocopy has been altered or if it does not bear the raised seal of the Department of Health.

Arnold M. Reeve, M.D., M.P.H.
STATE REGISTRAR

Ken Johnson
DIRECTOR, RECORDS AND STATISTICS DIVISION

Date: APR 2 71

USE TYPEWRITER OR DARK UNFADING INK

IOWA STATE DEPARTMENT OF HEALTH
Division of Vital Statistics

CERTIFICATE OF DEATH
STATE OF IOWA

Birth No.

State File No. 42 5/? 58

1. PLACE OF DEATH
a. County: Hardin
b. City or Town (If outside corporate limits, write RURAL and give township): Iowa Falls
c. Length of Stay (in this place): 16 hr.
d. Full Name of Hospital or Institution (If not in hospital or institution, give street address or location): 1507 Taylor Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. State: Oregon
b. County: Klamath
c. City or Town (If outside corporate limits, write RURAL and give township): Klamath Falls
d. Street Address (If rural, give location): 1929 Gary St.

3. NAME OF DECEASED (Type or Print) a. (First) MAX b. (Middle) Renald c. (Last) Gehrke

4. Date of Death (Month) (Day) (Year): 3-20-52

5. Sex: Male
6. Color or Race: White
7. Married, Never Married, Widowed, Divorced (Specify): Married
8. Date of Birth: 9-6-81
9. Age (In years last birthday): 70 — If Under 1 Yr. Mos. Days — If Under 24 Hr. Hours Min.

10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Retired
10b. Kind of Business or Industry:
11. Birthplace (State or foreign country): Germany
12. Citizen of What Country? U.S.

13. Father's Name: Fred Gehrke
14. Mother's Maiden Name: Henrietta Thomas

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. Social Security No.: 543-12-2068
17. Informant's Signature: x E O Gehrke

MEDICAL CERTIFICATION

18. Cause of Death
Enter only one cause per line for (a), (b), and (c).

I. Disease or Condition Directly Leading to Death* (a) Coronary Thrombosis — Interval Between Onset and Death: Sustentaneous

Antecedent Causes
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b)
Due to (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

II. Other Significant Conditions
Conditions contributing to the death but not related to the disease or condition causing death.

19a. Date of Operation
19b. Major Findings of Operation
20. Autopsy? Yes ☐ No ☒

21a. Accident, Suicide, Homicide (Specify)
21b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (City, Town, or Township) (County) (State)
21d. Time of Injury (Month) (Day) (Year) (Hour) m.
21e. Injury Occurred While at work ☐ Not while at work ☐
21f. How Did Injury Occur?

22. I hereby certify that I attended the deceased from ______ 19__ to ______ 19__ that I last saw the deceased alive on ______ 19__, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. Attendant's Signature: R. J. Johnson M.D. (Degree or title)
23b. Address: Iowa Falls, Iowa
23c. Date Signed: 20 Mar. 52

24a. Burial, Cremation, Removal (Specify): Burial
24b. Date: 3-22-52
24c. Name of Cemetery or Crematory: Linkville Cemetery
24d. Location (City, town, or county) (State): Klamath Falls, Oregon

25. Funeral Director's Signature: [illegible]
Address: Eldora, Ia
License Number: 1199

26. Date Rec'd by Local Registrar: 3-21-52
Registrar's Signature: Maxine Houck
File Number: 26

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of BEESLEY & LEE

this 22nd day of APRIL A. D. 19 71 at 2:37 o'clock P M., and duly recorded in Vol. M 71 of DEEDS on Page 3507

Fee $1.50

WM. D. MILNE, County Clerk

By [signature]