8-11-71
1:25 Pm

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STANDARD CERTIFICATE OF DEATH
STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. R 007865
DATE RECEIVED MAY 24 1965

LOCAL REGISTRAR'S NUMBER 123

1. NAME OF DECEASED — First: Harvey; Middle: James; Last: Depuy
2. PLACE OF DEATH — A. COUNTY: Klamath; B. CITY, TOWN OR LOCATION: Klamath Falls; C. LENGTH OF STAY IN 2B: 58 yrs; D. NAME OF HOSPITAL OR INSTITUTION: Residence
3. USUAL RESIDENCE — A. STATE: Oregon; B. COUNTY: Klamath; C. CITY, TOWN OR LOCATION: Klamath Falls; D. STREET ADDRESS, RURAL ROUTE, ETC.: 710 Wocus
4. DATE OF DEATH: April 29 1965
5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 543-05-4977
9. USUAL OCCUPATION: Truck driver
10. KIND OF BUSINESS OR INDUSTRY: Klamath Wo. Road
11. NAME OF SPOUSE: Bertha Depuy
12. DATE OF BIRTH: April 23 1891
13. AGE LAST BIRTHDAY: 74
14. BIRTHPLACE (State or Foreign Country): Hepner, Oregon
15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER: John Depuy
18. MAIDEN NAME OF MOTHER: Mary Corbin
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Bertha Depuy widow
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (a), (b), and (c)) — PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Arteriosclerotic HD.
DUE TO (B):
DUE TO (C):
PART II: Other Significant Conditions Contributing to Death but not related to Cause Given in Part I (a): Emphysema
21. If deceased was Pregnant, was there a Pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown
22. Was an Autopsy Performed? ☐ Yes ☒ No
23. Was Death Solely or Primarily Due to Accident ☐ Work ☐ Home/Public Place ☐ Suicide ☐ Homicide
24. If Accident, Did Injury Occur While At Work? ☐ Yes ☐ No
25. TIME OF INJURY
26. PLACE OF INJURY (Home, Farm, Factory, etc.)
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I saw the deceased alive on 4/29/65 and last saw the deceased alive on 4/29/65. Death occurred on the date stated above at 7:50 A.M. Death was caused by the cause(s) stated above. Mel H. Freeman M.D. Klamath Falls, Ore. 420.0
29. RESERVED FOR REGISTRAR'S USE
30. DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal — DATE: 5/1/65 — NAME OF CEMETERY OR CREMATORY: Klamath Mem. Park — LOCATION (City or Town, State): Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 5-1-65 — REGISTRAR'S SIGNATURE: Marion Coleman
32. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Mike Shaw — Memorial Chapel Inc. Klamath Falls, Ore.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING — THE INFORMATION ON THIS CERTIFICATE MUST BE LEGIBLE. DO NOT WRITE OUTSIDE THIS MARGIN. PERMANENT RECORD. WRITE IN INK. PRINT CLEARLY. PUTTING ZEROS AHEAD OF DATE OR CAUSE OF DEATH IN PLAIN TERMS. DO NOT USE ABBREVIATIONS. SPELL OUT STATED EXACT