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CERTIFIED COPY

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. M71 Page 10936

LOCAL REGISTRAR'S NUMBER 710

STANDARD CERTIFICATE OF DEATH

BOARD OF HEALTH AND DIVISION OF PUBLIC HEALTH SERVICE

STATE FILE NO.

DATE RECEIVED JUL 9 1968

MEDICAL CERTIFICATION

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE GIVEN. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Walter; Middle: Paul; Last: Hannon

2. PLACE OF DEATH
A. COUNTY: Marion
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Salem
C. LENGTH OF STAY IN 2B: 7 yrs
D. NAME OF HOSPITAL OR INSTITUTION: 2890 Bolton Terrace South

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Marion
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Salem
D. STREET ADDRESS, RURAL ROUTE, ETC.: 2890 Bolton Terrace South

4. DATE OF DEATH (Month, Day, Year): June 27, 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 542 52 1962
9. USUAL OCCUPATION (Kind of work done during most of life): Property Management
10. KIND OF BUSINESS OR INDUSTRY:
11. NAME OF SPOUSE: Louise
12. DATE OF BIRTH (Month, Day, Year): November 1, 1903
13. AGE LAST BIRTHDAY: 64 Yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HOURS: Hours, Minutes
14. BIRTHPLACE (State or Foreign Country): New York
15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country — Name of Country:
16. IF DECEASED WAS A VETERAN, WHAT WAR? no
17. NAME OF FATHER: Patrick Hannon
18. MAIDEN NAME OF MOTHER: Ellen Kingston
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Louise Hannon - Wife

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):
DUE TO (C):
Interval Between Onset and Death (Years, days, hours, etc.): Seizure
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 past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [ ] 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: ..... a. m. ..... p. m. — Hour, Month, Day, Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (attended) (investigated) the death of the deceased from or on 6-27-68 (date) to 1968 (date) and that the death occurred at 5:20 p.m. from the causes and on the date stated above.
Ralph C. [illegible] (Signature) Funeral Director (Title) [illegible] (Address) 6-29-68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE: 410.9

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 6-29-1968
30C. NAME OF CREMATORY OR CEMETERY: Mt. Calvary Cemetery
30D. LOCATION (City or Town), State: Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 7-1-68
32. REGISTRAR'S SIGNATURE: By [illegible]
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Unger's-Mt. Angel, Ore. James P. Unger

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED JUL 19 1968

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. Morton
STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Louise Hannon

this 19th day of October A. D., 19 71 at 9:13 o'clock A M., and duly recorded in Vol. M71, of Deeds on Page 10936

Fee $1.50

WM. D. MILNE, County Clerk
By Cynthia Campbell