MAR 31 12 22 PM 1972

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Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

6X663 Page 3325
State File Number

DECEASED

1. DECEASED—NAME: JOHN EDWARD HAMMIL
2. DATE OF DEATH (month, day, year): March 10, 1972
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—last birthday (years): 46
5b. Under 1 Year: mos. days
5c. Under 1 Day: hours min.
6. DATE OF BIRTH (month, day, year): June 22, 1925
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Near Klamath Falls
7c. Inside City Limits (specify yes or no): no
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): DOA-Presbyterian Intercommunity
8. STATE OF BIRTH (if not in U.S.A. name of country): Washington
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Betty Alene Hammil
12. SOCIAL SECURITY NUMBER: 537-18-1987
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Foreman
13b. KIND OF BUSINESS OR INDUSTRY: Western Fruit Express
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 RFD: 6303 Simmers Avenue
15. FATHER—NAME first middle last: Glenn R. Hammil
16. MOTHER—Maiden Name first middle last: Lillian Manning
17. INFORMANT—NAME and relationship to deceased: Betty Hammil (wife)

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

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — approximate interval between onset and death

18. Immediate Cause
(a) Crushing injury to the upper chest — minutes
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)

AUTOPSY (yes or no): 19a. no
IF YES were findings considered in determining cause of death: 19b.

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): March 10, 1972
20b. HOUR: about 12:15 a.m.
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Fell off of a snowmobile and hit a tree
20d. INJURY AT WORK (specify yes or no): no
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): Woods
20f. LOCATION (street or R.F.D. No., city or town, county, state): Rocky Point area, Klamath, Oregon 3 mile trail 6 miles off West side road

CERTIFICATION—MEDICAL INVESTIGATOR:
I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

21a. DEATH OCCURRED (hour): 1:15 a.m.
21b. THE DECEDENT WAS PRONOUNCED DEAD (month day year hour): March 10, 1972 1:15 a.m.
21c. FROM: Natural Causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐

CERTIFIER

22a. CERTIFIER—SIGNATURE: Neil Black MD
22b. NAME—(type or print): Neil F. Black — Degree or Title: M.D.
23. MEDICAL INVESTIGATOR FOR: Klamath COUNTY — DATE SIGNED (month, day, year): 15 Mar 72

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial-Removal
24b. CEMETERY OR CREMATORY—NAME: Wenatchee Cemetery
24c. LOCATION city or town state: Wenatchee, Washington
24d. DATE (month, day, year): Mar.11,1972
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Oregon
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: March 15, 1972
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

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VS-107 R-70

ORIGINAL — VITAL STATISTICS COPY

STATE OF OREGON, County of Klamath ss.
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.

NEIL BLACK, M.D., Registrar Vital Statistics
By [signature], Deputy Registrar
Date MAR 16 1972 19

(SEAL)

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Transamerica Title Co.
this 31st day of March A. D., 19 72 at 3:22 o'clock P.M., and duly recorded in
Vol. M 72 of Deeds on Page 3395

Fee 2.00

WM. D. MILNE, County Clerk
By [signature]