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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 341

State File Number:

MAR 31 3 16 PM 1972

DECEASED

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

1. DECEASED—NAME: First: Fred; Middle: Eugene; Last: Gordon
2. DATE OF DEATH (month, day, year): November 5, 1971
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 85
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): January 29, 1886
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): P. I. Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Iowa
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Dorothy Gordon
12. SOCIAL SECURITY NUMBER: 542-40-8100 A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Rancher
13b. KIND OF BUSINESS OR INDUSTRY: Cattle
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Malin
14d. Inside City Limits (specify yes or no): yes
14e. STREET AND NUMBER OR R.F.D.: 5th Street
15. FATHER—NAME (first, middle, last): unknown
16. MOTHER—Maiden Name (first, middle, last): unknown
17. INFORMANT—NAME and relationship to deceased: Ted Gordon: Son

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

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

	Cause	Approximate interval between onset and death
(a) immediate cause	Myocarditis c̄ Cardiac decompensation	1 mo
(b) due to, or as a consequence of:	CVR: arteriosclerosis, uremia,	
(c) due to, or as a consequence of:	Renal loss of function	6-12 mo

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 (month, day, year): 61 to 11-5-71; And Last Saw Him/Her Alive on: 11-5-71; I Did/Did Not view the body after death (specify): Not; DEATH OCCURRED (hour): 12:15 PM at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: M. E. Robinson
22b. NAME (type or print): M. E. Robinson; degree or title: M.D.
22c. DATE SIGNED (month, day, year): 11-6-71
23. MAILING ADDRESS—PHYSICIAN: 425 Pine Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Ashland Crematorium
24c. LOCATION (city or town, state): Ashland, Oregon
24d. DATE (mo., day, year): November 8, 1971
25a. FUNERAL DIRECTOR—SIGNATURE: [illegible]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine St., Klamath Falls, Oregon 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: NOV 8 1971
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

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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 Marian Ackerman Deputy Registrar
Date NOV 8 1971 19

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 3:16 o'clock P M., and duly recorded in Vol. M 72, of Deeds on Page 3411

WM. D. MILNE, County Clerk

Fee 2.00 By [illegible]