APR 28 19 51 AM 1972 — 63595 — STATE OF OREGON—STATE BOARD OF HEALTH — Vital Statistics Section — 4516

109 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

DECEASED

1. DECEASED—NAME: First: Robert; Middle: Anderson; Last: Mitchell
2. DATE OF DEATH (month, day, year): March 24, 1972
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 64
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): October 13, 1907
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (if not in U.S.A., name country): California
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Marjorie A. Mitchell
12. SOCIAL SECURITY NUMBER: 546-01-6262
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Certified Public Accountant
13b. KIND OF BUSINESS OR INDUSTRY: Accounting: Self Employed

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

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 R.F.D.: 1851 Wiard St.
15. FATHER—NAME first middle last: Francis Scudder Mitchell
16. MOTHER—Maiden Name first middle last: Ruth Anderson
17. INFORMANT—NAME and relationship to deceased: Marjorie A. Mitchell

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) Acute coronary Occlusion — Minutes
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b)
due to, or as a consequence of:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
19a. AUTOPSY (yes or no): Yes
19b. IF YES were findings considered in determining cause of death:

1. 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):
2. 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):
3.

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: Aug 16, 1967 to: month day year: March 24, 1972
And Last Saw Him/Her Alive on: month day year: March 24, 1972
I Did/Did Not view the body after death (specify): Did
DEATH OCCURRED (hour): 6:05 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: William G. Holford Jr. M.D.
22b. NAME (type or print) degree or Title: William G. Holford Jr., M.D.
22c. DATE SIGNED (month, day, year): March 27, 1972
23. MAILING ADDRESS—PHYSICIAN: street: 4036 So. 6th St.; city or town: Klamath Falls; state: Oregon; zip: 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 3-28-72
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair #314
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): D'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
4. REGISTRAR—SIGNATURE: Marian Fahrman
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAR. 27 1972
27. DATE RECEIVED BY STATE REGISTRAR
5. RESERVED FOR REGISTRAR'S USE
6.
28.

VS-2 R-69

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 _____, Deputy Registrar
Date _____, 19__

(SEAL)

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Marjorie Mitchell
this 28th day of April A.D., 1972 at 9:51 o'clock A.M., and duly recorded in Vol. M 72 of Deeds on Page 4516

WM. D. MILNE, County Clerk
By _____
Fee 2.00