33822

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

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150
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First: James; Middle: Vernon; Last: Owens
2. DATE OF DEATH (month, day, year): April 25, 1972
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 68
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): November 7, 1903
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): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Rozina E. Owens
12. SOCIAL SECURITY NUMBER: 541-10-8331-A
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Appliance (Retail Owner)
13b. KIND OF BUSINESS OR INDUSTRY: Appliance

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): Yes
14e. STREET AND NUMBER OR R.F.D.: 2039 Fremont St.
15. FATHER—NAME first middle last: James Owens
16. MOTHER—Maiden Name first middle last: Annie M. Young
17. INFORMANT—NAME and relationship to deceased: Rozina E. Owens, Wife

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 MYOCARDIAL INFARCTION	1/2 week.
due to, or as a consequence of (b)	OLD MYOCARDIAL INFARCTION	5 years
due to, or as a consequence of (c)	ARTERIOSCLEROTIC HEART DISEASE	

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).

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 Ooccurred (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: 12 7 1971 to: month day year: April 25, 1972
And Last Saw Him/Her Alive on: month day year: 4-25-72
I Did/Did Not view the body after death (specify):
DEATH OCCURRED (hour): 11:55 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Everett E. Howard
22b. NAME (type or print): Everett E. Howard, degree or title: M.D.
22c. DATE SIGNED (month, day, year): 4-25-72
23. MAILING ADDRESS—PHYSICIAN: street: 2622 Campus Dr., city or town: Klamath Falls, state: Oregon, zip: 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Maus
24b. CEMETERY OR CREMATORY—NAME: Haven of Rest
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 4-28-72
25a. FUNERAL DIRECTOR—SIGNATURE: Mike Blair #314
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Schuman
26b. DATE RECEIVED BY LOCAL REGISTRAR: APR 27 1972
27. DATE RECEIVED BY STATE REGISTRAR

RESERVED FOR REGISTRAR'S USE
28.

VS-2 R-69

NEIL BLANK, M.D., Registrar Vital Statistics
By Marian Schuman, Deputy Registrar
Date APR 27 1972 19

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)

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of GANONG, GORDON & SISEMORE
this 5th day of May A. D., 19 72 at 11:02 o'clock A.M., and duly recorded in
Vol. M 72, of DEEDS on Page 4791
FEE $2.00

WM. D. MILNE, County Clerk
By Virginia L. Gregg