37338

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

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270
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: BENNIE Middle: — Last: MOE
2. DATE OF DEATH (month, day, year): July 29, 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): September 30, 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): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Minnesota
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Edna C. Moe
12. SOCIAL SECURITY NUMBER: 475 07 5209
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Retired- Steam Engineer
13b. KIND OF BUSINESS OR INDUSTRY: Industrial Plant

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: Bonanza
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: Rt. 1 Box 422
15. FATHER—NAME first middle last: Sievert — Moe
16. MOTHER—Maiden Name first middle last: Anna — Eileritson
17. INFORMANT—NAME and relationship to deceased: Edna C. Moe (Wife)

CAUSE

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

18		approximate interval between onset and death
immediate cause	(a) Pulmonary Edema	hours
due to, or as a consequence of: Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) Cardiac Decompensation	10 days
due to, or as a consequence of:	(c) Chronic Myocarditis	2 years

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Chronic Emphysema and Carcinoma of Prostate

19a. AUTOPSY (specify 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: Mar 27 1972 to July 29 1972. And Last Saw Him/Her Alive on: July 29 1972. I Did/Did Not view the body after death (specify): Did. DEATH OCCURRED (hour): 1:45 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Jack N Martin M.D.
22b. NAME (type or print): Jack N. Martin M.D.
22c. DATE SIGNED (month, day, year): 31 July 1972
23. MAILING ADDRESS—PHYSICIAN: 4036 S. 6th Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Lost River cemetery
24c. LOCATION city or town: Bonanza, Oregon
24d. DATE (mo., day, year): July 31, 1972
25a. FUNERAL DIRECTOR—SIGNATURE: G. W. Ward
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 1972
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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.

MARJORIE COMER, Registrar Vital Statistics

By Marian Ackerman, Deputy Registrar
Date AUG 1 1972 19

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of EDNA C. MOE
this 6th day of SEPTEMBER A. D., 1972 at 10:07 o'clock A.M., and duly recorded in Vol. M 72, of DEEDS on Page 9952

WM. D. MILNE, County Clerk

By Hazel Drazil

FEE $2.00