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FORM No. 761—WARRANTY DEED—CO

1967

FORM No. 722—BARGAIN AND SALE D

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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. 1827
DATE RECEIVED FEB 24 1965

LOCAL REGISTRAR'S NUMBER 34

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

1. NAME OF DECEASED (Type or print all entries in black ink) First: Joseph Middle: DeWitt Last: Matteson

2. PLACE OF DEATH A. COUNTY Klamath
B. CITY, TOWN, OR LOCATION Klamath Falls
C. LENGTH OF STAY IN 2B 20 yrs
D. NAME OF HOSPITAL OR INSTITUTION Klamath Valley Hosp.

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE Oregon B. COUNTY Klamath
C. CITY, TOWN OR LOCATION Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC. 633 Grant St

4. DATE OF DEATH Jan. 29 1965
5. SEX Male
6. COLOR OR RACE Cau.
7. MARITAL STATUS [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.
9. USUAL OCCUPATION Shop foreman
10. KIND OF BUSINESS OR INDUSTRY Automotive
11. NAME OF SPOUSE Bernice Matteson
12. DATE OF BIRTH June 22 1904
13. AGE LAST BIRTHDAY 60
14. BIRTHPLACE (State or Foreign Country) New Mexico
15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER Joseph Matteson
18. MAIDEN NAME OF MOTHER Maud Oldbrook
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Bernice Matteson, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Metastatic carcinoma of brain — 8 days
DUE TO (B): Squamous Cell Epithelioma of left Tonsil — 1 year
DUE TO (C):
PART II. Other Significant Conditions
21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No
23. WAS DEATH RESULT OF [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY
25B. City County State
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I attended the deceased from 11/16/64 to 1/29/65 and that the death occurred at 2:10 AM from the causes and on the date stated above.
W.G. Bassett M.D. 1435 Esplanade, Klamath Falls Ore

29. RESERVED FOR REGISTRAR'S USE 145.0

30A. DECEASED WILL BE [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE 2/1/65
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills Mem. Grds
30D. LOCATION Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 2-4-65
32. REGISTRAR'S SIGNATURE Marion Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Keith O'Hair O'Hair's 515 Pine Klamath Falls Ore

STATE OF OREGON, COUNTY OF MULTNOMAH) SS DATE ISSUED Feb. 25 1968
I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE BOARD OF HEALTH AND IN MY OFFICIAL CARE AND CUSTODY.
Marion M. Martin STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.
Filed for record at request of Bernice Matteson
this 13 day of Feb. A. D., 19 73 at 2:03 o'clock P.M., and duly recorded in
Vol. M73, of Deeds on Page 1576

WM. D. MILNE, County Clerk
By Cynthia Ampfeed

Fee $2.00