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# CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

Vol M73 Page 1629

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

**DECEDENT PERSONAL DATA** 9

| 1a. NAME OF DECEASED—FIRST NAME | 1b. MIDDLE NAME | 1c. LAST NAME | 2a. DATE OF DEATH—MONTH DAY YEAR | 2b. HOUR |
|---|---|---|---|---|
| Emma | M. | Smith | February 2, 1973 | 10:45PM |

| 3. SEX | 4. COLOR OR RACE | 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 6. DATE OF BIRTH | 7. AGE (LAST BIRTHDAY) | IF UNDER 1 YEAR (MONTHS / DAYS) | IF UNDER 24 HOURS (HOURS / MINUTES) |
|---|---|---|---|---|---|---|
| Female | Cauc. | Washington | Oct 17, 1894 | 78 YEARS | | |

| 8. NAME AND BIRTHPLACE OF FATHER | 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER |
|---|---|
| John Johnson Norway | Anna Nelson Norway |

| 10. CITIZEN OF WHAT COUNTRY | 11. SOCIAL SECURITY NUMBER | 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) |
|---|---|---|---|
| U.S.A. | 543-03-5521 | Married | Gordon Smith |

| 14. LAST OCCUPATION | 15. NUMBER OF YEARS IN THIS OCCUPATION | 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE) | 17. KIND OF INDUSTRY OR BUSINESS |
|---|---|---|---|
| Owner-Operator | 10 | Marion Apts. | Apt. House |

**PLACE OF DEATH**

| 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY | 18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) | 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) |
|---|---|---|
| Hollywood Presbyterian Hospital | 1322 N. Vermont Avenue | yes |

| 18d. CITY OR TOWN | 18e. COUNTY | 18f. LENGTH OF STAY IN COUNTY OF DEATH | 18g. LENGTH OF STAY IN CALIFORNIA |
|---|---|---|---|
| Los Angeles | Los Angeles | 2 Months YEARS | 2 Months YEARS |

**USUAL RESIDENCE** (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

| 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) | 20. NAME AND MAILING ADDRESS OF INFORMANT |
|---|---|---|
| 622½ High Street | yes | Gordon Smith<br>622½ High Street<br>Klamath Falls, Oregon 97601 |

| 19c. CITY OR TOWN | 19d. COUNTY | 19e. STATE |
|---|---|---|
| Klamath Falls | Klamath | Oregon |

**PHYSICIAN'S OR CORONER'S CERTIFICATION**

| 21a. CORONER. I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSE(S) STATED BELOW AND THAT I HAVE HELD OR TAKEN CHARGE OF THE REMAINS OF DECEASED AS REQUIRED BY LAW. (Investigation of Incident) | 21b. PHYSICIAN. I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. FROM (ENTER MONTH, DAY, YEAR) | TO (ENTER MONTH, DAY, YEAR) | AND LAST SAW DECEASED ALIVE ON (MONTH, DAY, YEAR) | 21c. PHYSICIAN OR CORONER (SIGNATURE AND DEGREE OR TITLE) | 21d. DATE SIGNED |
|---|---|---|---|---|---|
| | 2/1/73 | 2/1/73 | 2/1/73 | [signature] | 2/5/73 |

21e. ADDRESS Max H. Weil MD 1322 N Vermont Ave LOS ANGELES

21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER 4402

**FUNERAL DIRECTOR AND LOCAL REGISTRAR**

| 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION | 22b. DATE REMOVAL | 23. NAME OF CEMETERY OR CREMATORY | 24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER |
|---|---|---|---|
| Entombment | 2-6-73 | Portland Mausoleum Portland, Oregon | John E Marsden 5539 |

| 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | 26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) | 27. LOCAL REGISTRAR—SIGNATURE | 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR |
|---|---|---|---|
| Utter-McKinley Wilshire | no | [signature] MD AR | FEB 5 1973 |

**CAUSE OF DEATH** 9

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (A) | Acute myocardial infarction, shock | 1d |
| DUE TO, OR AS A CONSEQUENCE OF (B) | Arteriosclerotic Cardiovascular Disease | 10YRS |
| DUE TO, OR AS A CONSEQUENCE OF (C) | | |

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

| 31. WAS OPERATION OF BODY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY PERTAINENT CONDITION) | 32a. AUTOPSY (SPECIFY YES OR NO) | 32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) |
|---|---|---|
| No | No | |

**INJURY INFORMATION**

| 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.—STREET AND HIGHWAY NUMBER) | 35. INJURY AT WORK (SPECIFY YES OR NO) | 36a. DATE OF INJURY—MONTH DAY YEAR | 36b. HOUR |
|---|---|---|---|---|
| | | | | |

| 37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (STATE MILES) | 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO) | 39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO) |
|---|---|---|---|
| | | | |

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

**STATE REGISTRAR**

| A | B | C | D | E | F |
|---|---|---|---|---|---|
| | | | | | |

REV. 1-1-68 Form VS-11

MEDICAL AND HEALTH DATA

William C. Wright
9311 Earl Ave
Long Beach, Ca
90806

2 11 2nd

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of William C. Wright

this 14th day of Feb. A. D., 1973 at 11:22 o'clock A. M., and duly recorded in

Vol. M-73, of Deeds on Page 1629

FEE $2.00

WM. D. MILNE, County Clerk

By Elaine K. Boatman Deputy

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