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Vol. M73 Page 4389

APR 13 10 22 AM 1973

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 131

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: SAMUEL; Middle: FRANKLIN; Last: SCOTT

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 2B: 33 Years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC.: 200 High Street

4. DATE OF DEATH: Month: June; Day: 16; Year: 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 541-36-7619

9. USUAL OCCUPATION (Kind of work done during most of life): Chiropodist

10. KIND OF BUSINESS OR INDUSTRY: Self

11. NAME OF SPOUSE: Jane Scott

12. DATE OF BIRTH: Month: February; Day: 15; Year: 1893

13. AGE LAST BIRTHDAY: Yrs. 74
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HOURS: Hours ___ Minutes ___

14. BIRTHPLACE (State or Foreign Country): Steele City, Nebraska

15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country ___ Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? ---

17. NAME OF FATHER: Wilbur Scott

18. MAIDEN NAME OF MOTHER: Charity McMains

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Jane Scott (Wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Cardiac insufficiency — Interval: 1-2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last
DUE TO (B): Old posterior infarction ASHD — Interval: many years
DUE TO (C): Adrenal failure — Interval: 1-2 days
Postoperative - aorto - ilio-femoral thromboendarterectomy — Interval: 1 day

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): gangrene left toes

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown

22. Was an Autopsy performed? ☐ Yes ☒ No

23. WAS DEATH RESULT OF: ☐ Accident ☐ Suicide ☐ Homicide

24. IF ACCIDENT, DID INJURY OCCUR: ☐ At Work ☐ Not At Work

25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)

25B. City ___ County ___ State ___

26. TIME OF INJURY: Hour ..... a. m. ..... p. m. Month ___ Day ___ Year ___

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) (last saw) the deceased from or on 6/14/67 (date) to death 6/16/67 (date) and that the death occurred at 2:30p m. from the causes and on the date stated above.
G. Nicholson, M.D. (Signature) (Title) Klamath Falls, Oregon (Address) 6/17/67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other

30B. DATE: 6/19/67

30C. NAME OF CREMATORY OR CEMETERY: Eternal Hills

30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 6-19-67

32. REGISTRAR'S SIGNATURE: Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Wm P. Kendall Klamath Falls, Oregon

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)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy

Date June 20, 1967

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Jane T. Scott

this 13th day of April A. D., 1973 at 10:22 o'clock A.M., and duly recorded in Vol. M 73, of Deeds on Page 4389.

Return to Jane T. Scott
200 High St. City

fee 2.00

WM. D. MILNE, County Clerk

By Mary L. Lindsay