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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M 73 Page 7478

372 (Local File Number)

# CERTIFICATE OF DEATH

'72-015498 (State File Number)

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. DECEASED—NAME (First) Herman | (Middle) W. | (Last) Akin | | | 2. DATE OF DEATH (month, day, year) October 21, 1972 | |
| 3. RACE White, Negro, American Indian, etc. (specify) White | 4. SEX Male | 5a. AGE—Last birthday (years) 72 | Under 1 year: 5b. mos. / days | Under 1 day: 5c. hours / min. | 6. DATE OF BIRTH (month, day, year) November 11, 1899 | |
| 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 Nellie R. Akin | | | |
| 12. SOCIAL SECURITY NUMBER 543-10-3794 | 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Foreman Gov. Indian Office | 13b. KIND OF BUSINESS OR INDUSTRY Government | | | | |
| 14a. RESIDENCE—STATE Oregon | 14b. COUNTY Klamath | 14c. CITY, TOWN, OR LOCATION Chiloquin | 14d. Inside City Limits (specify yes or no) No | 14e. STREET AND NUMBER OR R.F.D. St. Rt. Box 74A | | |
| 15. FATHER—NAME first middle last William J. Akin | 16. MOTHER—Maiden Name first middle last Temperance Dodge | 17. INFORMANT—NAME and relationship to deceased Nellie R. Akin, Wife | | | | |

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
- (a) immediate cause: Cardiac arrest
- (b) due to, or as a consequence of: Myocardial Infarction & Cardiac decomp — 3-4 wks
- (c) due to, or as a consequence of: Diverticulitis, Colon — 1 wk

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

| 19a. AUTOPSY (yes or no) | 19b. IF YES were findings considered in determining cause of death |
|---|---|
| No | |

| 20a. ACCIDENT (specify yes or no) | 20b. DATE OF INJURY (month, day, year) | 20c. HOUR | 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) |
|---|---|---|---|
| | | M. | |
| 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) | |

| 21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year | to month day year | And Last Saw Him/Her Alive on: month day year | I Did/Did Not view the body after death (specify) | DEATH OCCURRED (hour) | at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated. |
|---|---|---|---|---|---|
| 62 | Oct. 21, 1972 | 10-26-72 | not | 1:05 P. M. | |

| 22a. PHYSICIAN—SIGNATURE | 22b. NAME (type or print) | degree or Title | 22c. DATE SIGNED (month, day, year) |
|---|---|---|---|
| M E Robinson MD | M.E. Robinson | M.D. | 10-24-72 |

| 23. MAILING ADDRESS—PHYSICIAN (street) | (city or town) | (state) | (zip) |
|---|---|---|---|
| 425 Pine St., | Klamath Falls, | Ore. | 97601 |

| 24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) | 24b. CEMETERY OR CREMATORY—NAME | 24c. LOCATION (city or town, state) | 24d. DATE (mo., day, year) |
|---|---|---|---|
| Burial | Klamath Mem. Park | Klamath Falls, Oregon | 10-25-72 |

| 25a. FUNERAL DIRECTOR—SIGNATURE | | 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) | |
|---|---|---|---|
| Mike O'Hair | #314 | O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601 | |

| 26a. REGISTRAR—SIGNATURE | 26b. DATE RECEIVED BY LOCAL REGISTRAR | 27. DATE RECEIVED BY STATE REGISTRAR |
|---|---|---|
| Marian Johnson | OCT 25 1972 | NOV - 6 1972 |

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

STATE OF OREGON ss.
County of Multnomah

DATE ISSUED JUNE 7, 1973

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 Health Division and in my official care and custody.

Rt: Nell AKIN
2022 Dairview Ave
Grants Pass, Ore

STATE REGISTRAR

col 2.00

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of NELLIE R. AKIN

this 15th day of June A. D., 19 73 at 11:58 o'clock A.M., and duly recorded in Vol. M 73, of DEEDS on Page 7478

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel L. Hagel