Vol. M73 Page 10252

LOCAL REGISTRAR'S NUMBER 2710

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO.

DATE RECEIVED JUL 12 1965

1. NAME OF DECEASED: First HAYDEN; Middle EARL; Last HITSON
2. PLACE OF DEATH: A. COUNTY Multnomah; B. CITY, TOWN OR LOCATION Portland; C. LENGTH OF STAY IN 2B 5 Days; D. NAME OF HOSPITAL OR INSTITUTION Veterans Administration
3. USUAL RESIDENCE: A. STATE Oregon; B. COUN Klamath; C. CITY, TOWN OR LOCATION Bonanza; D. STREET ADDRESS, RURAL ROUTE, ETC. P. O. Box 64
4. DATE OF DEATH: Month JUNE; Day 17; Year 1965
5. SEX male
6. COLOR OR RACE white
7. MARITAL STATUS: Married ☒; Widowed ☐; Divorced ☐; Never Married ☐
8. SOCIAL SECURITY NO. 540 16 8443
9. USUAL OCCUPATION (Kind of work done during most of life) Farmer
10. KIND OF BUSINESS OR INDUSTRY Farming
11. NAME OF SPOUSE Edna
12. DATE OF BIRTH: Month Feb.; Day 11; Year 1891
13. AGE LAST BIRTHDAY 74 Yrs.
14. BIRTHPLACE (State or Foreign Country) Hermitage, Missouri
15. WAS DECEASED A CITIZEN OF (Country)
16. IF DECEASED WAS A VETERAN, WHAT WAR WWI
17. NAME OF FATHER David E. Hitson
18. MAIDEN NAME OF MOTHER Alice V. Shinn
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED VA Records

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) Adenocarcinoma, primary in body of pancreas, with extensive intra-abdominal metastases.
DUE TO (b):
DUE TO (c):
Conditions, if any, which gave rise to the above cause (a), stating the underlying cause last.
Interval Between Onset and Death (Years, days, hours, etc.)
PART II. Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a).
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 a result of: Injury ☐ Sickness ☐ Homicide ☐
24. If Accident, Occupational Injury, Suicide or Homicide: Occur At Work ☐ Yes ☐ No ☐ Unknown ☐
25A. PLACE OF INJURY (Home or Farm, Factory, Street, etc.)
25B. City County State
26. TIME OF INJURY Month Day Year
27. DESCRIBE HOW INJURY OCCURRED
28. CERTIFICATE: I hereby certify that I attended the deceased from June 16, 1965 to June 17, 1965 and that death occurred at 5:20PM (Date) (Hour) for the causes and at the date stated above.
Clarence A. Cutler, M.D. (Signature) Chief, Lab. Svc., VAH, Portland, Oregon (Address) 6-18-65 (Date Signed)
29. RESERVED FOR REGISTRAR'S USE 1598
30A. DECEASED WILL BE: Buried ☐ Cremated ☐ Removed ☐
30B. DATE 6-19-65
30C. NAME OF CREMATORY OR CEMETERY
30D. LOCATION (City or Town) Klamath Falls, Oregon State
31. DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1965 Thos. N. Thazin M.D.
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mt. Scott Funeral Home Portland, O.

A-22 C 63

CERTIFIED COPY

STATE OF OREGON)
) ss
County of Multnomah)

ISSUED JUL 13 1965

THIS IS TO CERTIFY THAT THIS IS A REPRODUCTION OF THE ORIGINAL RECORD ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE BOARD OF HEALTH.

STATE REGISTRAR

By Direction of
RICHARD H. WILCOX, M.D.
State Health Officer

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Klamath County Title

this 7 day of Aug A. D., 19 73 at 1:57 o'clock P M., and duly recorded in Vol. M-73, of deeds on Page 10252

fee 2.00

WM. D. MILNE, County Clerk

By Evelyn Bekin