

LOCAL REGISTRAR'S NUMBER <u>63</u>		STANDARD CERTIFICATE OF DEATH		STATE FILE NO. <u>001982</u>
NAME OF DECEASED		DATE RECEIVED		DATE
George Edward Johnson				
1. NAME OF DECEASED (Type and full name in block letters)		2. USUAL RESIDENCE (If decedent, give residence before death)		3. COUNTY <u>Klamath</u>
4. PLACE OF DEATH (A. COUNTY <u>Klamath</u> )		5. CITY, TOWN OR LOCATION <u>Chiloquin</u>		6. STREET ADDRESS, RURAL ROUTE, ETC. <u>Star Rt., Box 58</u>
7. DATE OF DEATH <u>Feb. 13 1966</u>		8. SEX <u>Male</u>		9. COLOR OR RACE <u>Cau.</u>
10. SOCIAL SECURITY NO. <u>541 07 8440</u>		11. USUAL OCCUPATION <u>Rancher</u>		12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
13. DATE OF BIRTH <u>April 26 1891</u>		14. AGE LAST BIRTHDAY <u>74</u>		15. NAME OF SPOUSE <u>Iva B. Johnson</u>
16. DEATH PLACE (State or Foreign Country) <u>Idaho</u>		17. WAS DECEASED A CITIZEN OF <u>U.S.</u>		18. IF DECEASED WAS A VETERAN, WHAT WAR? <u>No</u>
19. NAME OF FATHER <u>No record</u>		20. MAIDEN NAME OF MOTHER <u>No record</u>		21. DECEASED'S NAME AND RELATIONSHIP TO DECEASED <u>Geo. Johnson, Jr. Son</u>
22. CAUSE OF DEATH (Part I: Death was caused by)		23. IMMEDIATE CAUSE (A) <u>Crushed Chest</u>		24. DUE TO (B) <u>Multiple lacerations entire body</u>
25. DUE TO (C) <u>Left ear amputated</u>		26. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If any)		27. AUTHORITY AUTHORIZED BY <input checked="" type="checkbox"/> Medical Investigator <input type="checkbox"/> Other
28. IF FEMALE, WAS THERE A PREGNANCY IN PART II NOS. <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u> <u>13</u> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u> <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <u>36</u> <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u> <u>43</u> <u>44</u> <u>45</u> <u>46</u> <u>47</u> <u>48</u> <u>49</u> <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <u>68</u> <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u> <u>80</u> <u>81</u> <u>82</u> <u>83</u> <u>84</u> <u>85</u> <u>86</u> <u>87</u> <u>88</u> <u>89</u> <u>90</u> <u>91</u> <u>92</u> <u>93</u> <u>94</u> <u>95</u> <u>96</u> <u>97</u> <u>98</u> <u>99</u> <u>100</u>		29. EXTERNAL CAUSE OF DEATH WAS <u>Gored by a bull</u>		30. DESCRIBE HOW INJURY OCCURRED <u>Gored by a bull</u>
31. TIME OF INJURY <u>5:10 P.M. 2/13/66</u>		32. INJURY OCCURRED <u>While at work</u>		33. PLACE OF INJURY <u>Chiloquin, Klamath Co., Oregon</u>
34. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about <u>5:15 P.M. 2/13/66</u>		35. MEDICAL INVESTIGATOR FOR <u>Klamath Co.</u>		36. SIGNATURE OF MEDICAL INVESTIGATOR <u>Wm. D. Milne</u>
37. SIGNATURE OF REGISTRAR <u>Wm. D. Milne</u>		38. DATE OF BURIAL <u>2/19/66</u>		39. PLACE OF BURIAL <u>Klamath Memorial Park, Klamath Falls, Oregon</u>
40. NAME OF FUNERAL HOME AND ADDRESS <u>O'Hair's Memorial Chapel, 315 Pine Klamath Falls, Ore.</u>		41. DATE RECORD FILED <u>2-17-66</u>		42. FILE NO. <u>11816</u>

DATE ISSUED Aug. 30 1973

STATE OF OREGON, COUNTY OF MULTNOMAH)SS  
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

Star Rt. 3458 47624  
Chiloquin Ore

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of EVA E. JOHNSON

this 4th day of SEPTEMBER A. D., 1973 at 12:00 o'clock P.M., and duly recorded in Vol. M 73 of DEEDS on Page 11816

FEE \$ 2.00

By Wm. D. Milne, County Clerk