

357

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Local File Number: 357

CERTIFICATE OF DEATH

State File Number: 13374

DECEASED—NAME: Charles Loomis

1. RACE: White, Male; SEX: Male; AGE: 65; DATE OF BIRTH: September 24, 1908

2. COUNTY OF DEATH: Klamath; CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

3. STATE OF BIRTH: Oregon; CITIZEN OR WHAT COUNTRY: U.S.A.; MARRIED: NEVER MARRIED

4. SOCIAL SECURITY NUMBER: 566-14-0470; USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive Engineer

5. RESIDENCE—STATE: Oregon; CITY, TOWN, OR LOCATION: Klamath Falls; STREET AND NUMBER OR R.F.D.: 216 Pine St.

6. FATHER—NAME: Charles A. Loomis; MOTHER— maiden Name: Mamie Dixon

7. DEATH WAS CAUSED BY: (a) Immediate cause: Heart attack; (b) due to or as a consequence of: Longstanding arterial disease; (c) due to or as a consequence of: 3 yrs

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

1. ACCIDENT: (Specify year or no) 200. DATE OF INJURY: (month, day, year) 200. HOUR: 200. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, Item 1B):

2. INJURY AT WORK: (Specify year or no) 200. PLACE OF INJURY at home, farm, street, factory, etc. (Specify): 200. LOCATION (street or R.F.D. No., city or town, county, state):

3. PHYSICIAN— (Specify year or no) 200. month day year 200. And last saw him/her alive (month, day, year) 200. Did/Did Not view the body after death (Specify) (Yes or No) 200. BEATH OCCURRED at the place of death and to the best of my knowledge, the cause of death was (Specify) 200. DATE SIGNED (month, day, year) 200.

4. PHYSICIAN—SIGNATURE: John D. Merryman, M.D. DATE: Sept 25, 1973

5. MAILING ADDRESS—PHYSICIAN: 303 Pine St., Klamath Falls, Oregon 97601

6. BURIAL: (Specify year or no) 200. CEMETERY OR CREMATORY—NAME: Eternal Hills; LOCATION: Klamath Falls, Oregon; DATE RECEIVED BY STATE REGISTRAR: SEP 25 1973

7. FUNERAL DIRECTOR—SIGNATURE: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. DATE RECEIVED BY LOCAL REGISTRAR: SEP 25 1973

8. REGISTRAR—SIGNATURE: Veldon C. Boge, M.D. DATE: SEP 25 1973

9. RESERVED FOR REGISTRAR'S USE: 200.

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Manuel Johnson, Deputy Registrar
Date SEP 25 1973

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of DEL PARKS ATTY

this 3rd day of OCTOBER A. D., 1973 at 11:34 o'clock A M., and duly recorded in

Vol. M 73 of DEEDS on Page 13374

FFE \$ 2.00

WM. D. MILNE, County Clerk

Hazel Drazil deputy

Del Parker
210 Bainier St
Grady

OF KLAMATH: ss. SEP 25 1973 at 12:10 o'clock
P. N. SCHERER
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