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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 1025
State File Number

- DECEASED—NAME: First: CARL; Middle: CECIL; Last: ABERCROMBIE
- 2. DATE OF DEATH (month, day, year): September 21, 1970
- 3. RACE (White, Negro, American Indian, etc.) (specify): White
- 4. SEX: Male
- 5a. AGE—Last birthday (years): 73
- 6. DATE OF BIRTH (month, day, year): October 19, 1896
- 7a. COUNTY OF DEATH: Lane
- 7b. CITY, TOWN, OR LOCATION OF DEATH: Eugene
- 7c. Inside City Limits (specify yes or no): yes
- 7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Eugene Hospital and Clinic
- 8. STATE OF BIRTH (if not in U.S.A., name country): Oklahoma
- 9. CITIZEN OF WHAT COUNTRY: United States
- 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
- 11. NAME OF SPOUSE: Nova Prickett Abercrombie
- 12. SOCIAL SECURITY NUMBER: 541-10-4360
- 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Booth-Kelly
- 13b. KIND OF BUSINESS OR INDUSTRY: Lumber
- 14a. RESIDENCE—STATE: Oregon
- 14b. COUNTY: Lane
- 14c. CITY, TOWN, OR LOCATION: Springfield
- 14d. Inside City Limits (specify yes or no): yes
- 14e. STREET AND NUMBER OR R.F.D.: 324 N 18th
- 15. FATHER—NAME (first, middle, last): Newton Abercrombie
- 16. MOTHER—Maiden Name (first, middle, last): Nora Boyd
- 17. INFORMANT—NAME and relationship to deceased: Nova Abercrombie

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

- Immediate cause (a): *Coronary occlusion with myocardial infarction* — approximate interval between onset and death: *hours*
- Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — due to, or as a consequence of (b): *Arteriosclerosis*
- due to, or as a consequence of (c):

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

- 19a. AUTOPSY (yes or no): *Yes*
- 19b. IF YES were findings considered in determining cause of death:
- 20a. ACCIDENT (specify yes or no):
- 20b. DATE OF INJURY (month, day, year):
- 20c. HOUR: M.
- 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
- 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 *9-21-70* to *9-21-70*; And Last Saw Him/Her Alive on *9-21-70*; I Did/Did Not view the body after death (specify): *did*; DEATH OCCURRED (hour): 7:55 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
- 22a. PHYSICIAN—SIGNATURE: *F. L. Benoit M.D.*
- 22b. NAME (type or print): Frederick L. Benoit — Degree or Title: M.D.
- 22c. DATE SIGNED (month, day, year): *9-28-70*
- 23. MAILING ADDRESS—PHYSICIAN: 1162 Willamette, Eugene, Oregon 97401
- 24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
- 24b. CEMETERY OR CREMATORY—NAME: Rest Haven Memorial Park
- 24c. LOCATION (city or town, state): Eugene, Oregon
- 24d. DATE (mo., day, year): 9-25-70
- 25a. FUNERAL DIRECTOR—SIGNATURE: *[signature]*
- 25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Buell Chapel - 320 N 6th St. - Springfield, Oregon 97477
- 26a. REGISTRAR—SIGNATURE: *Marjorie Hackett Deputy*
- 26b. DATE RECEIVED BY LOCAL REGISTRAR: *Sept 30, 1970*
- 27. DATE RECEIVED BY STATE REGISTRAR: OCT 12 1970
- 28. RESERVED FOR REGISTRAR'S USE
- 29.

VS-2 R-69 *3V*

VS-112 Rev. 2-10-70

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED: MAR 15 1971

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 Board of Health and in my official care and custody.

[signature]
STATE REGISTRAR

APR 15 10 46 AM 1974

Ret. Allen & Biggs
Attorneys at Law
259 East 5th Ave
Eugene, Ore 97401
Ck 2.00

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Allen & Briggs this 15th day of April A. D., 19 74 at 10:46 o'clock A M., and duly recorded in Vol. M74, of Deeds on Page 4598

WM. D. MILNE, County Clerk
By *Lucie Aricola* Deputy

Fee $2.00