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STATE OF OREGON—HEALTH DIVISION 12 RM 01
Vital Statistics Section

Vol. 74 Page 7085

169
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): Maurice Robert Houser
2. DATE OF DEATH (month, day, year): June 5, 1974
3. RACE (White, Negro, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—last birthday (years): 66
6. DATE OF BIRTH (month, day, year): July 2, 1907
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: D.O.A. Presby.Inter. Hosp.
8. STATE OF BIRTH (if not in U.S.A., name country): California
9. CITIZEN OF WHAT COUNTRY: U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Lucile E. Houser
12. SOCIAL SECURITY NUMBER: 568-09-1103
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Teacher-O.I.T.
13b. KIND OF BUSINESS OR INDUSTRY: Education

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR RFD: 6077 Shasta Way
15. FATHER—NAME (first, middle, last): Robert Cullen Houser
16. MOTHER—MAIDEN NAME (first, middle, last): Cora P. Hunter
17. INFORMANT—NAME and relationship to deceased: Lucile E. Houser - Wife

CAUSE

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

	Cause	Approximate interval between onset and death
(a) immediate cause	Cardiac arrest	minutes
(b) due to, or as a consequence of	Arteriosclerotic cardiovascular dis.	years
(c) due to, or as a consequence of		

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

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

19a. AUTOPSY (yes or no): No
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:
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: 10 14 1961 to 6-5-74; And Last Saw Him/Her Alive on: 5 28 74; I Did/Did Not view the body after death (specify): did not; DEATH OCCURRED 9:30P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

CERTIFIER

22a. PHYSICIAN—SIGNATURE: Glenn Miller M.D.
22b. NAME (type or print): Glenn C. Miller M.D.
22c. DATE SIGNED (month, day, year): 6-6-74
23. MAILING ADDRESS—PHYSICIAN: 1905 Main Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Eternal Hills
24c. LOCATION: Klamath Falls, Oregon
24d. DATE (mo., day, year): 6-10-74
25a. FUNERAL DIRECTOR—SIGNATURE: Floyd C. Lancaster
25b. FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 6 1974
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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.

(SEAL)

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

By Marian Ackerman Deputy Registrar

Date JUN 1974 19

VOID IF ALTERED

Ret. Richard Houser 625 Los Alamos Livermore Calif

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of RICHARD HOUSER

this 10th day of June A. D., 19 74 at 12:21 o'clock P. M., and duly recorded in Vol. M 74, of DEEDS on Page 7085

FEE 2.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy