91837

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

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CERTIFICATE OF DEATH

Local File Number: 194

State File Number:

DECEASED

1. DECEASED—NAME (First, Middle, Last): MERRITT NICHOLAS HOWELL
2. DATE OF DEATH (month, day, year): June 27, 1974
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 69
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): May 26, 1905
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Verda R. Howell
12. SOCIAL SECURITY NUMBER: 541-10-6138
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Upholsterer
13b. KIND OF BUSINESS OR INDUSTRY: Self
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 1624 Division

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

15. FATHER—NAME (first middle last): Ira — Howell
16. MOTHER—Maiden Name (first middle last): Caroline — Roder
17. INFORMANT—NAME and relationship to deceased: Verda R. Howell (Wife)

CAUSE

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

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

18. (a) immediate cause: Cardiac arrythmia — approximate interval between onset and death: 2 days
due to, or as a consequence of:
(b) (A) and (D) heart failure, pneumonia — 1 month
due to, or as a consequence of:
(c) Severe COPD and asthmatic bronchitis — 5 yrs

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

AUTOPSY (yes or no) 19a. No

19b. If YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no): 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)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Oct. 19, 1973 (month day year) to June 27, 1974 (month day year) and last saw him/her alive on: June 26, 1974 (month day year). Did/Did Not view the body after death (specify): did. DEATH OCCURRED (hour): 6:15 A.M. at the place, on the date, and to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: Blake D. Berven M.D.
22b. NAME (type or print): Blake D. Berven, M.D. degree or title
22c. DATE SIGNED (month, day, year): June 27, 1974

MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dental Building, Klamath Falls, Oregon 97601

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial-Removal
24a. CEMETERY OR CREMATORY—NAME: Removal to La Grande
24b. LOCATION (city or town, state): La Grande Oregon
24d. DATE (mo., day, year): June 27, 1974

25a. FUNERAL DIRECTOR—SIGNATURE
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

25b. REGISTRAR—SIGNATURE: Marian Scherman
DATE RECEIVED BY LOCAL REGISTRAR: JUN 27 1974
26. RESERVED FOR REGISTRAR'S USE
27. DATE RECEIVED BY STATE REGISTRAR
28.

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.

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

By Marian Scherman, Deputy Registrar
Date JUN 27 1974
VOID IF ALTERED

Name Verda R. Howell
1624 Division St., Klamath Falls, Oregon

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH: ss.
Filed for record at request of VERDA R. HOWELL
this 27th day of June A.D., 1974 at 11:11 o'clock A M., and duly recorded in
Vol. M 74 of Deeds on Page 9733

WM. D. MILNE, County Clerk
By Gladys Skagel Deputy

FEE $ 2.00