97145 OREGON STATE BOARD OF HEALTH 1439
28-8348 VITAL STATISTICS SECTION Vol. M-75 Page

CERTIFIED COPY OF DEATH RECORD

AFTER RECORDING RETURN TO: Ella Lizzie Prentice Star Route Box 195 A, Chemult, Oregon 97731

RECEIVED FEB 4 1975 10:35 am

LOCAL REGISTRAR'S NUMBER 344 STATE FILE NO. DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) First MAXIE Middle HILARY Last PRENTICE

2. PLACE OF DEATH
A. COUNTY Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify) Klamath Falls
C. LENGTH OF STAY IN 28 30 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Klamath Valley Hospital

3. USUAL RESIDENCE (If Institution, give residence before admission)
A. STATE Oregon B. COUNTY Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify) Klamath Falls
D. STREET ADDRESS, RURAL ROUTE, ETC. 3622 Diamond

4. DATE OF DEATH Month December Day 13 Year 1964
5. SEX Male
6. COLOR OR RACE White
7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO. 430-03-3933
9. USUAL OCCUPATION (Kind of work done during most of life) Mill worker
10. KIND OF BUSINESS OR INDUSTRY Saw Mill
11. NAME OF SPOUSE Ella Prentice
12. DATE OF BIRTH Month January Day 19 Year 1899
13. AGE LAST BIRTHDAY Yrs. 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HOURS Hours Minutes
14. BIRTHPLACE (State or Foreign Country) Cook County, Texas
15. WAS DECEASED A CITIZEN OF ☒ U. S. ☐ Foreign Country Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? No
17. NAME OF FATHER John Prentice
18. MAIDEN NAME OF MOTHER Mary Risner
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Ella Prentice Wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Coronary thrombosis — Interval Between Onset and Death (Years, days, hours, etc.): 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B):
DUE TO (C):
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):
21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown
22. Was an Autopsy performed? ☐ Yes ☐ No
23. WAS DEATH RESULT OF ☐ Accident ☐ Suicide ☐ Homicide
24. IF ACCIDENT, DID INJURY OCCUR ☐ At Work ☐ Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City County State
26. TIME OF INJURY Hour ..... a. m. ..... p. m.
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I (attended) the deceased from Feb 1953 to 12 Dec 64 and that the death occurred at 10:15p from the causes and on the date stated above.
(Signature) (Title) (Address) (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE 12/16/64
30C. NAME OF CREMATORY OR CEMETERY Klamath Memorial Park
30D. LOCATION (City or Town) State Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 12-15-64
32. REGISTRAR'S SIGNATURE Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Kerd Klamath Falls, Oregon

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)

S. M. Farron, M.D.
Registrar Vital Statistics
By Deputy Marian Ackerman
Date December 18, 1964

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH: ss.
Filed for record at request of Trans. Title Ins. Co.
this 4th day of Feb. A. D., 19 75 at 10:35 o'clock A M., and duly recorded in Vol. M-75, of Deed on Page 1439.
INDEXED
Fee $2.00 WM. D. MILLER, County Clerk
By Deputy