A-26003

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2488

STATE OF OREGON—HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 424 | State File Number

DECEASED—NAME: 1. First: GILMAN | Middle: - - - | Last: HUSTON

DATE OF DEATH (month, day, year): 6. December 25, 1974

RACE White, Negro, American Indian, etc. (specify): 3. White

SEX: 4. Male

AGE—Last birthday (years): 5a. 55 | Under 1 year: mos. 5b. | days | Under 1 day: hours 5c. | min.

DATE OF BIRTH (month, day, year): 6. November 15, 1919

COUNTY OF DEATH: 7a. Klamath

CITY, TOWN, OR LOCATION OF DEATH: 7b. Klamath Falls

Inside City Limits (specify yes or no): 7c. Yes

HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 7d. Presbyterian Intercommunity

STATE OF BIRTH (If not in U.S.A., name country): 8. Canada

CITIZEN OF WHAT COUNTRY: 9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Married

NAME OF SPOUSE: 11. Jewell Huston

SOCIAL SECURITY NUMBER: 12. 541 - 12 - 2178

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Millwright

KIND OF BUSINESS OR INDUSTRY: 13b. Weyerhauser Timber Company

RESIDENCE—STATE: 14a. Oregon

COUNTY: 14b. Klamath

CITY, TOWN, OR LOCATION: 14c. Klamath Falls

Inside City Limits (specify yes or no): 14d. Yes

STREET AND NUMBER OR R.F.D.: 14e. 830 California Avenue

FATHER—NAME first middle last: 15. Clarence Huston

MOTHER—Maiden Name first middle last: 16. Nellie Gilman

INFORMANT—NAME and relationship to deceased: 17. Linda Bielby -- Daughter

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. Immediate cause (a) Cardiac Arrest — approximate interval between onset and death: 5 min.

due to, or as a consequence of: (b) Malignant retinoblastoma of both eyes — 5 months

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)

AUTOPSY (yes or no): 19a. Yes

IF YES were findings considered in determining cause of death: 19b. Yes

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

DATE OF INJURY (month, day, year): 20b.

HOUR: 20c. M.

HOW INJURY Ooccurred (enter nature of injury in part I or part II, item 18): 20d.

INJURY AT WORK (specify yes or no): 20e.

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.

LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: May 8, 1950 to: month day year: Dec. 25, 1974

And Last Saw Him/Her Alive on: month day year: Dec. 25, 1974

I Did/Did Not view the body after death (specify): did not

DEATH OCCURRED (hour): 11:55 P. M.

at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE: 22a. John D. Merryman M.D.

NAME (type or print): 22b. John D. Merryman

degree or Title: M.D.

DATE SIGNED (month, day, year): 22c. Dec. 27, 1974

MAILING ADDRESS—PHYSICIAN: 23. 303 Pine St. Klamath Falls, Oregon 97601

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial

CEMETERY OR CREMATORY—NAME: 24b. Eternal Hills Mem. Gar.

LOCATION city or town state: 24c. Klamath Falls, Oregon

DATE (mo., day, year): 24d. Dec. 30, 1974

FUNERAL DIRECTOR—SIGNATURE: 25a. James L. Ward

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. WARD'S KLAMATH FUNERAL HOME, INC. - Box 217 - Oregon 97601 Klamath Falls,

REGISTRAR—SIGNATURE: 26a. Marian Schermann

DATE RECEIVED BY LOCAL REGISTRAR: 26b. DEC 27 1974

DATE RECEIVED BY STATE REGISTRAR: 27. JAN 6 1975

RESERVED FOR REGISTRAR'S USE: 28.

V-S 2 R-69

RECEIVED JUL 7 1975

Return to:
Burton E. Gray Agency
4831 So. Sixth K. Falls, OR

STATE OF OREGON, DATE ISSUED March 26 1975

STATE OF OREGON ss.
County of Multnomah

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 Health Division and is in my official care and custody.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 7th day of JULY A. D., 19 75 at 4:15 o'clock P M., and duly recorded in

Vol. M 75, of DEEDS on Page 7665

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy