

RECEIVED AUG 27 1975 4245
1:10 PM 235
STATE OF OREGON - HEALTH DIVISION
Vital Statistics Section
CERTIFICATE OF DEATH
Vol. M75 Page 10037

DECEASED-NAME Robert Nean Ralston
Local File Number
State File Number

1. RACE White
2. SEX Male
3. AGE 66
4. DATE OF BIRTH (month, day, year) July 18, 1908
5. COUNTY OF DEATH Klamath
6. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls
7. CITIZEN OF WHAT COUNTRY U.S.A.
8. SOCIAL SECURITY NUMBER 442-03-2075 A
9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Office Manager
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, YES, NO, YES, NO
11. NAME OF SPOUSE Imogene Thomas Ralston
12. RESIDENCE-STATE Oregon
13. CITY, TOWN, OR LOCATION Klamath Falls
14. STREET AND NUMBER OR R.F.D. 4006 Bristol Ave.
15. FATHER-NAME first middle last James Ralston
16. MOTHER-MAIDEN NAME first middle last Dora Crist
17. INFORMANT-NAME and relationship to deceased Imogene Thomas Ralston, Wife
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
(a) Cardiac Arrest
(b) Atherosclerotic Coronary Vase Disease
(c) Hypertension
Chronic Cholelithiasis

1. ACCIDENT
2. DATE OF INQUIRY (month, day, year) 9-4-73
3. PLACE OF INQUIRY (office, home, farm, street, factory, etc.)
4. INQUIRY AT WORK (specify yes or no)
5. INQUIRY AT HOME (specify yes or no)
6. CERTIFICATION- (month, day, year) 9-4-73
7. PHYSICIAN- (month, day, year) July 18, 1975
8. PHYSICIAN- (month, day, year) 7-18-75
9. NAME (type or print) Craig A. Bennett
10. M.D. M.D.
11. DATE SIGNED (month, day, year) 7/21/75
12. MAILING ADDRESS- PHYSICIAN 1905 Main St., Klamath Falls, Oregon 97601
13. BURIAL CREATION REMOVAL, MAUS. (specify) Burial
14. CEMETERY OR CREMATORY NAME Klamath Mem. Park
15. FUNERAL HOME-NAME AND ADDRESS O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
16. REGISTRAR SIGNATURE
17. DATE RECEIVED BY LOCAL REGISTRAR JUL 23 1975
18. RESERVED FOR REGISTRAR USE

CAUSE
Conditions, if any, which gave rise to immediate cause (a), (b), or (c) as a consequence of:
(a) Cardiac Arrest
(b) Atherosclerotic Coronary Vase Disease
(c) Hypertension
Chronic Cholelithiasis
7 yrs
7 yrs
7 yrs

CERTIFIER
NAME (type or print) Craig A. Bennett
M.D. M.D.
DATE SIGNED (month, day, year) 7/21/75

BURIAL
1. BURIAL CREATION REMOVAL, MAUS. (specify) Burial
2. CEMETERY OR CREMATORY NAME Klamath Mem. Park
3. FUNERAL HOME-NAME AND ADDRESS O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
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6. RESERVED FOR REGISTRAR USE

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 Johnson, Deputy Registrar
Date JUL 24 1975

VOID IF ALTER'D

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of IMOGENE RALSTON

this 27th day of August A.D., 1975 at 1:10 o'clock P. M., and duly recorded in

Vol. M 75, of Daeda on Page 10037

Fee \$ 3.00

Return to: Imogene Ralston
4006 Bristol Street, City

WM. D. MILNE, County Clerk

By Rosal Wheeler Deputy