5596

163

STATE OF OREGON-STATE PLAN H-73 DIVISION
CERTIFICATE OF DEATH
Vital Statistics Section

'75 SEP 24 PM 2 29

Vol. M 75 Page 11583

State File Number

DECEASED—NAME: First JACK Middle — Last DUCKWORTH

1. RACE (White, Negro, American Indian, etc. (specify)) White
2. DATE OF DEATH (month, day, year) May 11, 1975
3. SEX Male
4. AGE—last birthday (years) 60 Under 1 year: 5a. mos. 5b. days 5c. hours Under 1 day: 5d. min.
5. COUNTY OF DEATH Klamath
6. DATE OF BIRTH (month, day, year) January 22, 1915

DECEASED

7a. STATE OF BIRTH (If not in U.S.A., name of country) Utah
7b. CITY, TOWN, OR LOCATION OF DEATH Chemult
7c. Inside City Limits (specify yes or no) No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Star Route - Box 170
8. SOCIAL SECURITY NUMBER 544 - 09 - 3530
9. CITIZEN OF WHAT COUNTRY USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
11. KIND OF BUSINESS OR INDUSTRY Restaurant
12. RESIDENCE—STATE Oregon
13a. COUNTY Klamath
13b. CITY, TOWN, OR LOCATION Chemult
13c. Inside City Limits (specify yes or no) No
13d. STREET AND NUMBER OR RFD Star Route - Box 170
14a. FATHER—NAME first Joseph middle T. last Duckworth
14b. MOTHER—Maiden Name first Caroline middle A. last Pickering
14c. Chemult
14d. Inside City Limits (specify yes or no) No
14e. INFORMANT—Name and relationship to deceased Galena Duckworth - Wife
15. PART I. DEATH WAS CAUSED BY: Immediate Cause (a) Occlusive Coronary Arteriosclerosis
16. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
17. Galena Duckworth - Wife
18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (a) due to, or as a consequence of: (b) due to, or as a consequence of: (c)
19a. AUTOPSY (yes or no) No
19b. IF YES, were findings considered in determining cause of death
20a. DATE OF INJURY (month, day, year) May 11, 1975
20b. HOUR 7:30 A.M.
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) Collapsed in chair
20d. INJURY AT WORK? (specify yes or no) No
20e. PLACE OF INJURY (at home, farm, factory, office bldg., etc. (specify)) Home
20f. LOCATION (street or R.F.D. No., city or town, county, state) Star Route - Box 170 / Chemult / Klamath / Oregon
21a. CERTIFICATION—MEDICAL INVESTIGATOR I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about: DEATH OCCURRED (hour) 7:10 A.M. 21b. (month, day, year) May 11, 1975
21c. FROM: Natural Causes ☒ Accident ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending ☐
CERTIFIER
22a. CERTIFIER—SIGNATURE MEDICAL INVESTIGATOR: Veldon C. Boge
22b. NAME—(type or print) Veldon C. Boge
22c. FOR: KLAMATH COUNTY
22d. Degree or Title M.D.
22e. DATE SIGNED (month, day, year) May 13, 1975

MEDICAL INVESTIGATOR

BURIAL

23a. BURIAL, CREMATION, REMOVAL
23b. CEMETERY OR CREMATORY—NAME Klamath Memorial Park
24a. LOCATION city or town Klamath Falls, Oregon state
24b. FUNERAL DIRECTOR—SIGNATURE
24c. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) WARD'S KLAMATH FUNERAL HOME, INC. - Box 217 - Oregon 97601
24d. DATE (month, day, year) May 13, 1975
25a. REGISTRAR—SIGNATURE
25b. DATE RECEIVED BY LOCAL REGISTRAR May 13, 1975
26. RESERVED FOR REGISTRAR'S USE
27. DATE RECEIVED BY STATE REGISTRAR Klamath Falls, Oregon 97601

VS-107 REV. 2-73

ORIGINAL—VITAL STATISTICS COPY

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

MAY 14 1975

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Wm Brandsness

this 24 day of Sept A. D., 19 75 at 2:29 o'clock P M., and duly recorded in Vol. M 75, of deed on Page 11583

3.00

WM. D. MILNE, County Clerk

By Carolyn Beeler Deputy