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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

130 Local File Number

# CERTIFICATE OF DEATH

'75-005754 State File Number

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. DECEASED—NAME (First) ROY | (Middle) REECE | (Last) BAILEY | | | 2. DATE OF DEATH (month, day, year) April 16, 1975 | |
| 3. RACE White, Negro, American Indian, etc. (specify) White | 4. SEX Male | 5a. AGE—Last birthday (years) 52 | 5b. Under 1 year: mos. | 5c. Under 1 day: days / hours / min. | 6. DATE OF BIRTH (month, day, year) July 25, 1922 | |
| 7a. COUNTY OF DEATH Klamath | 7b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls | | 7c. Inside City Limits (specify yes or no) No | | 7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 5205 Cottage | |
| 8. STATE OF BIRTH (if not in U.S.A., name country) Kansas | 9. CITIZEN OF WHAT COUNTRY USA | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married | | | 11. NAME OF SPOUSE Mary Lou Bailey | |
| 12. SOCIAL SECURITY NUMBER 557-28-0095 - A | 13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Superintendent - retired | | | | 13b. KIND OF BUSINESS OR INDUSTRY Modoc Lumber Co. | |
| 14a. RESIDENCE—STATE Oregon | 14b. COUNTY Klamath | 14c. CITY, TOWN, OR LOCATION Klamath Falls | 14d. Inside City Limits (specify yes or no) No | | 14e. STREET AND NUMBER OR R.F.D. 5205 Cottage | |
| 15. FATHER—NAME first middle last Dwight — Bailey | 16. MOTHER—Maiden Name first middle last Cora — Cummings | | | | 17. INFORMANT—NAME and relationship to deceased Mary Lou Bailey (Wife) | |

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

| | | Approximate interval between onset and death |
|---|---|---|
| 18. Immediate cause (a) | Respiratory arrest | 10 minutes |
| Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — (b) due to, or as a consequence of: | Severe COPD | 10 yrs |
| (c) due to, or as a consequence of: | | |

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

| | | | | | | |
|---|---|---|---|---|---|---|
| 19a. ACCIDENT (specify yes or no) | 19b. DATE OF INJURY (month, day, year) | HOUR | HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) | | AUTOPSY (yes or no) No | IF YES were findings considered in determining cause of death |
| 20a. INJURY AT WORK (specify yes or no) | 20b. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) | 20c. | 20d. | 20e. LOCATION (street or R.F.D. No., city or town, county, state) 20g. | 19a. | 19b. |

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month 10 day 6 year 1972 to month 4 day 16 year 75 — And Last Saw Him/Her Alive on: month 3 day 14 year 75 — I Did/Did Not View the body after death (specify) did not — DEATH OCCURRED (hour) About 2:00 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 Berven M.D. — 22b. NAME (type or print) degree or Title Blake Berven, M.D. — 22c. DATE SIGNED (month, day, year) April 16, 1975

23. MAILING ADDRESS—PHYSICIAN street Medical Dental Building, city or town Klamath Falls, state Oregon zip 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation — 24b. CEMETERY OR CREMATORY—NAME Eternal Hills — 24c. LOCATION city or town Klamath Falls, state Oregon — 24d. DATE (mo., day, year) 4/21/75

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

26a. REGISTRAR—SIGNATURE Marion Ackerman — RESERVED FOR REGISTRAR'S USE — 26b. DATE RECEIVED BY LOCAL REGISTRAR APR 17 1975 — 27. DATE RECEIVED BY STATE REGISTRAR APR 28 1975

28.

VS-2 R-69

STATE OF OREGON
County of Multnomah ss.

DATE ISSUED October 1 1975

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 in my official care and custody.

Mrs. Mary Lou Bailey
5205 Cottage
City

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record ~~at request of~~:

this 13th day of OCTOBER A. D., 1975 at 11:15 o'clock A M., and duly recorded in Vol. M 75, of DEEDS on Page 12640

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Dragich Deputy