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Vital Statistics Section

340 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. NAME - First: Jack; Middle: H.; Last: Peterson
2. DATE OF DEATH (month, day, year): October 31, 1975
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE - last birthday (years): 43
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): August 29, 1932
7a. COUNTY OF DEATH: Umatilla
7b. CITY, TOWN, OR LOCATION OF DEATH: Pendleton
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number): 600 Blk. S.W. Frazier
8. STATE OF BIRTH (if not in U.S.A., name of country): Montana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Shirley A. Peterson
12. SOCIAL SECURITY NUMBER: 516-30-8852
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Vice Principal High School
13b. KIND OF BUSINESS OR INDUSTRY: Education
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 RFD: 3206 Summers Lane
15. FATHER - NAME first middle last: Jookum Herman Peterson
16. MOTHER - Maiden Name first middle last: Annie Martin
17. INFORMANT - Name and relationship to deceased: Shirley A. Peterson, Wife

Usual residence (where deceased lived. If death occurred in institution, give residence before admission.)

CAUSE

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) Trausection, Descending Thoracic Aorta due to, or as a consequence of:
(b) with Exsanguination due to or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a) — AUTOPSY (yes or no) — IF YES were findings considered in determining cause of death

Transverse Fracture Sternum

MEDICAL INVESTIGATOR

20a. DATE OF INJURY (month, day, year): 10/31/75
20b. HOUR: 105A
20c. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): Accidentally drove into rear of Carrier Truck (Parked)
20d. INJURY AT WORK (specify yes or no): No
20e. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)): Street
20f. LOCATION (street or R.F.D. No., city or town, county, state): S.W. 7th & Frazer - Pendleton, Oregon

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:

21a. DEATH OCCURRED (hour): 105 AM
21b. THE DECEDENT WAS PRONOUNCED DEAD (month, day, year, hour): 10/31/75 132A M.
21c. FROM: Natural Causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐

CERTIFIER

22a. CERTIFIER - SIGNATURE: Paul W. Knowles
22b. NAME - (type or print): Paul W. Knowles, M.D. — Degree or Title
23. MEDICAL INVESTIGATOR: FOR: Umatilla COUNTY
DATE SIGNED (month, day, year): November 11, 1975

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY - NAME: Eternal Hills
24c. LOCATION - city or town, state: Klamath Falls, Oregon
24d. DATE (month, day, ...): 11-3-75
25a. FUNERAL DIRECTOR - SIGNATURE: Mike O'Hair
25b. FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls Ore. 97601
26a. REGISTRAR - SIGNATURE: Frances R. Smead
26b. DATE RECEIVED BY LOCAL REGISTRAR: NOV 12 1975
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-107 REV. - 2-73 ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON)
COUNTY OF UMATILLA)

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the UMATILLA COUNTY HEALTH DEPARTMENT.

COUNTY REGISTRAR VITAL STATISTICS

BY Frances R. Smead, Registrar

DATE Nov. 12, 1975

Return to
Shirley A. Peterson
3206 Summers Lane
Klamath Falls, Ore.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of SHIRLEY A. PETERSON

this 13th day of NOVEMBER A. D., 1975 at 2:08 o'clock P.M., and duly recorded in Vol. M 75, of DEEDS on Page 14267

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Dragsle Deputy