FORM No. 654—GENERAL

FORM No. 633—WARRA

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M 75 Page 14457

292
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED NAME First: CHARLES Middle: FRANKLIN Last: MITCHELL	2. DATE OF DEATH (month, day, year): August 27, 1975
3. RACE (White, Negro, American Indian, etc. (specify): White	4. SEX: Male; 5a. AGE—Last birthday (years): 71; 5b. Under 1 year: mos. days; 5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): August 13, 1904	
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls; 7c. Inside City Limits (specify yes or no): Yes; 7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Presbyterian Intercommunity
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: Naomi G. Mitchell
12. SOCIAL SECURITY NUMBER: 524-05-2550	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carman - retired; 13b. KIND OF BUSINESS OR INDUSTRY: Great Northern Rail Road
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.: 3052 Anderson Ave.	
15. FATHER—NAME first middle last: Howard Hudson Mitchell	16. MOTHER—Maiden Name first middle last: Cassie Viola Fisher; 17. INFORMANT—NAME and relationship to deceased: Naomi G. Mitchell (Wife)

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): CARDIAC ARREST — 2 HR

due to, or as a consequence of:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — (b): POSSIBLE PULMONARY EMBOLUS — 2 HR

due to, or as a consequence of:

(c): SUPTURED ABDOMINAL AORTIC ANEURYSM

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

19a. AUTOPSY (yes or no): No; 19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no); 20b. DATE OF INJURY (month, day, year); 20c. HOUR M.; 20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)

20e. INJURY AT WORK (specify yes or no); 20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify); 20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year 8-24-75 to month day year 8-27-75 And Last Saw Him/Her Alive on: month day year 8-25-75 I Did/Did Not view the body after death (specify) DEATH OCCURRED (hour) 1:30 A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE: [signature] M.D.; 22b. NAME (type or print) degree or title: Kenneth L. Tuttle, M.D.; 22c. DATE SIGNED (month, day, year): 8-27-75

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2680 Uhrmann Road, Klamath Falls, Oregon 97601

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 (mo., day, year): Sept. 2, 1975

25. FUNERAL DIRECTOR—SIGNATURE: [signature]; FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ford's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

26. LOCAL REGISTRAR—SIGNATURE: [signature]; 26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 28 1975; 27. DATE RECEIVED BY STATE REGISTRAR

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Rt. Naomi G. Mitchell
3052 Anderson
City

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.

WELDON C. BOGE, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar
Date AUG 29 1975

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of NAOMI G. MITCHELL
this 17th day of NOVEMBER A. D., 19 75 at 2:12 o'clock P. M., and duly recorded in
Vol. M 75 of DEEDS on Page 14457

FEE $ 3.00

WM. D. MILNE, County Clerk
By [signature] Deputy