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7650 OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION 14993

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 293 STATE FILE NO. DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: JESSE Middle: CLAUDE Last: HILL

2. PLACE OF DEATH — A. COUNTY: Klamath; B. CITY, TOWN OR LOCATION: Klamath Falls; C. LENGTH OF STAY IN 2B: 11 years; D. NAME OF HOSPITAL OR INSTITUTION: 1022 Owens Street

3. USUAL RESIDENCE — A. STATE: Oregon; B. COUNTY: Klamath; C. CITY, TOWN OR LOCATION: Klamath Falls; D. STREET ADDRESS, RURAL ROUTE, ETC.: 1022 Owens Street

4. DATE OF DEATH (Month, Day, Year): October 5 1966 — 5. SEX: Male — 6. COLOR OR RACE: White — 7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married

8. SOCIAL SECURITY NO.: 430-26-7184 — 9. USUAL OCCUPATION (Kind of work done during most of life): Spotter — 10. KIND OF BUSINESS OR INDUSTRY: Dry Cleaner — 11. NAME OF SPOUSE: Judith Hill

12. DATE OF BIRTH (Month, Day, Year): December 7 1921 — 13. AGE LAST BIRTHDAY (Yrs.): 44 — IF UNDER 1 YEAR (Months, Days) — IF UNDER 24 HOURS (Hours, Minutes)

14. BIRTHPLACE (State or Foreign Country): Hampton, Arkansas — 15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country (Name of Country) — 16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W.#2

17. NAME OF FATHER: T. C. Hill — 18. MAIDEN NAME OF MOTHER: Elizabeth Mayfield — 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Judith Hill (Wife)

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) — Interval Between Onset and Death (Years, days, hours, etc.)

PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): Myocarditis with cardiac
DUE TO (C): Insufficiency — 3 yrs

PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown — 22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide — 24. IF ACCIDENT, DID INJURY OCCUR: [ ] At Work [ ] Not At Work — 25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.) — 25B. City, County, State

26. TIME OF INJURY: Hour ..... a.m. p.m. Month, Day, Year — 27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) ////////// the deceased from or on October 5, 1966 (date) and that the death occurred at 1 p m. from the causes and on the date stated above.
➤ M. E. Robinson, M.D. (Signature) (Title) Klamath Falls, Oregon (Address) 10/7/66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other — 30B. DATE: 10/10/66 — 30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park — 30D. LOCATION (City or Town, State): Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 10-10-66 — 32. REGISTRAR'S SIGNATURE: ➤ Marian Ackerman — 33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ➤ W. W. Ward Klamath Falls, Oregon

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)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marian Ackerman
Deputy

Date October 11, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of .....

this ..... day of ..... A. D., 19.. at ..... o'clock ..... M., and duly recorded in Vol. ..... of ..... on Page .....

WM. D. MILNE, County Clerk

By ..... Deputy