10114 '76 FEB 11 AM 9 54 Vol. M 76 Page 1930

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

89 (Local File Number)

CERTIFICATE OF DEATH

(State File Number)

DECEASED

1. DECEASED—NAME: First ARTHUR Middle ELSWORTH Last GLENN
2. DATE OF DEATH (month, day, year): March 12, 1975
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 52
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): April 4, 1922
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): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Beaada Glenn
12. SOCIAL SECURITY NUMBER: 490-18-6048
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Millwright
13b. KIND OF BUSINESS OR INDUSTRY: Weyerhaeuser Timber Co.
Usual residence where deceased lived. If death occurred in institution, give residence before admission.
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 160 Old Fort Road
15. FATHER—NAME first middle last: Chester Glenn
16. MOTHER—Maiden Name first middle last: Roxie Opal Penton
17. INFORMANT—NAME and relationship to deceased: Beaada Glenn (Wife)

CAUSE

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

18. immediate cause
(a) Cardiogenic shock Easystole — approximate interval between onset and death: 5 minutes
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) due to, or as a consequence of: Extension of extensive old anterior infarct — 10 hours
(c) due to, or as a consequence of: ASHD extensive old anterior infarction — 8 months

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death

ACCIDENT (specify yes or no) 20a.	DATE OF INJURY (month, day, year) 20b.	HOUR 20c. M.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.
INJURY AT WORK (specify yes or no) 20e.	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.	

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: April 17, 1974 to month day year: March 12, 1975
And Last Saw Him/Her Alive on: month day year: March 12, 1975
I Did/~~Did Not~~ view the body after death (specify): did
DEATH OCCURRED (hour): 9:30 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE: Blake Berven M.D.
22a. NAME (type or print) degree or Title: Blake Berven, M.D.
22c. DATE SIGNED (month, day, year): March 14, 1975
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Medical Dental Building, 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): Mar. 17,1975
25a. FUNERAL DIRECTOR—SIGNATURE:
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Johnson
RESERVED FOR REGISTRAR'S USE
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAR 13 1975
27. DATE RECEIVED BY STATE REGISTRAR
28.

VS-2 R-69

Beaada Glenn
RR 1-Box 720
Bonanza, Ore.

STATE OF OREGON
County of Klamath } ss.
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.

VELDON C. BOGE, M.D., Registrar Vital Statistics
By Marian Johnson Deputy Registrar
Date MAR 14 1975 19
VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of FEBRUARY A.D., 19 76 at 9:54 o'clock A M., and duly recorded in Vol M 76, of DEEDS on Page 1930.

WM. D. MILNE, County Clerk
By Hazel Cruzan Deputy

FEE $ 3.00