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STATE OF OREGON—HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 50

State File Number:

DECEASED

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	George Eldon Garland
2. DATE OF DEATH (month, day, year)	February 2, 1976
3. RACE White, Negro, American Indian, etc. (specify)	White
4. SEX	Male
5a. AGE—Last birthday (years)	61
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. DATE OF BIRTH (month, day, year)	October 22, 1914
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)	Pres. Intercomm. Hospt.
8. STATE OF BIRTH (if not in U.S.A., name country)	Newfoundland
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married
11. NAME OF SPOUSE	Grace E. Garland
12. SOCIAL SECURITY NUMBER	028-05-2194
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Pipe Fitter
13b. KIND OF BUSINESS OR INDUSTRY	Naval Shipyards

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

Field	Entry
14a. RESIDENCE—STATE	Oregon
14b. COUNTY	Klamath
14c. CITY, TOWN, OR LOCATION	Chiloquin
14d. Inside City Limits	Yes
14e. STREET AND NUMBER OR R.F.D.	P.O. Box 308
15. FATHER—NAME (first, middle, last)	Arthur D. Garland
16. MOTHER—Maiden Name (first, middle, last)	Janet Pynn
17. INFORMANT—NAME and relationship to deceased	Grace E. Garland, Wife

CAUSE

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

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

18.	Cause	Approximate interval between onset and death
(a) immediate cause	HYPOXIA	12 HRS
(b) due to, or as a consequence of:	MULTIPLE PULMONARY INFARCTIONS	2 MOS.
(c) due to, or as a consequence of:	RIGHT ATRIAL THROMBOSIS	2 MOS.

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): R. & L. HEART FAILURE, ARTERIOSCLEROTIC HEART

19a. AUTOPSY (yes or no): Yes

19b. IF YES were findings considered in determining cause of death: YES

Field	Entry
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

Field	Entry
21. CERTIFICATION—PHYSICIAN: I attended the deceased from (month day year) to (month day year)	9-7-1971 to Feb. 2, 1976
And Last Saw Him/Her Alive on: (month day year)	2-2-76
I Did/Did Not view the body after death (specify)	Did
DEATH OCCURRED (hour) at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.	1:00 P. M.
22a. PHYSICIAN—SIGNATURE	[signature]
22b. NAME (type or print)	James F. Novak
degree or Title	M.D.
22c. DATE SIGNED (month, day, year)	FEB 10 1976
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip)	1905 Main St., Klamath Falls, Oregon 97601

BURIAL

Field	Entry
24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial
24b. CEMETERY OR CREMATORY—NAME	Eternal Hills Mem. Gard.
24c. LOCATION (city or town, state)	Klamath Falls, Oregon
24d. DATE (mo., day, year)	2-5-76
25a. FUNERAL DIRECTOR—SIGNATURE	[signature]
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	[signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR	FEB 10 1976
27. DATE RECEIVED BY STATE REGISTRAR	
28. RESERVED FOR REGISTRAR'S USE	

Ret: Grace Garland
Box 308 -
Chiloquin, Ore

VS-2 R-69

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.

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

(SEAL)

By [signature] Deputy Registrar
Date FEB 10 1976 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 7th day of MAY A.D., 19 76 at 4;02 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 6874.

WM. D. MILNE, County Clerk

FEE $ 3.00

By [signature] Deputy