17554 OREGON STATE BOARD OF HEALTH M
VITAL STATISTICS SECTION Vol. 76 Page 12457

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 23
STATE FILE NO.
DATE RECEIVED

1. NAME OF DECEASED (First, Middle, Last)	George L. Reed
2. PLACE OF DEATH A. COUNTY	Klamath
B. CITY, TOWN OR LOCATION	Klamath Falls
C. LENGTH OF STAY IN 2B	2 days
D. NAME OF HOSPITAL OR INSTITUTION	Pres. Intercomm. Hospt.
3. USUAL RESIDENCE A. STATE	Oregon
B. COUNTY	Klamath
C. CITY, TOWN OR LOCATION	Chiloquin, Ore.
D. STREET ADDRESS, RURAL ROUTE, ETC.	Box 6325
4. DATE OF DEATH	January 24, 1968
5. SEX	Male
6. COLOR OR RACE	Caucasian
7. MARITAL STATUS	Married
8. SOCIAL SECURITY NO.	541-01-9756
9. USUAL OCCUPATION	Self-Employed
10. KIND OF BUSINESS OR INDUSTRY	Pool Hall
11. NAME OF SPOUSE	Lovina Reed
12. DATE OF BIRTH	July 6, 1902
13. AGE LAST BIRTHDAY	65 Yrs.
14. BIRTHPLACE	St. Cloud, Minnesota
15. WAS DECEASED A CITIZEN OF	U.S.
16. IF DECEASED WAS A VETERAN, WHAT WAR?	No
17. NAME OF FATHER	No Record
18. MAIDEN NAME OF MOTHER	No Record
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED	Lovina Reed, wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH		Interval Between Onset and Death
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A)	Gastric Hemorrhage	72 hours
DUE TO (B)	Carcinoma of the stomach	8-9 months
DUE TO (C)		

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 ☒ 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 Jan 21 - 1968 to 1-24-68 and that the death occurred at 6:05A.M. (date) from the causes and on the date stated above.
R. H. Engelcke, M.D. (Signature) Klamath Falls, Oregon (Address) 1/25/68 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE 1-26-68
30C. NAME OF CREMATORY OR CEMETERY Klamath Mem. Park
30D. LOCATION (City or Town, State) Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 1-26-68
32. REGISTRAR'S SIGNATURE Mary Nelson
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mike O'Hair 515 Pine, K.Falls, Oreg.

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.

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

(SEAL)

By Mary Nelson Deputy

Date February 5, 1968

VS-16-2/56

VOID IF ALTERED

'76 AUG 12 AM 8 57

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 12th day of AUGUST A.D., 1976 at 8;57 o'clock A M., and duly recorded in Vol. M 76, of DEEDS on Page 12457.

FEE $ 3.00

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