After recording return to:
Robert J. Caldwell
2241 Green Springs #39 (Mo Home Pk)
Klamath Falls, OR 97601

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20313

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M76 Page 16283

A-27365 188
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

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

1. Deceased—Name: First: Edna; Middle: Pearl; Last: Caldwell
2. Date of death (month, day, year): May 31, 1975
3. Race (White, Negro, American Indian, etc.) (specify): White
4. Sex: Female
5a. Age—Last birthday (years): 72
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. Date of birth (month, day, year): March 4, 1903
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): 2263 Applegate
8. State of birth (if not in U.S.A., name country): Oklahoma
9. Citizen of what country: U.S.A.
10. Married, never married, widowed, divorced (specify): Married
11. Name of spouse: Robert J. Caldwell Sr.
12. Social Security Number: 540-20-1715
13a. Usual occupation (give kind of work done during most of working life, even if retired): Housewife
13b. Kind of business or industry: Homemaking
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.: 2263 Applegate
15. Father—Name (first, middle, last): James Thomas
16. Mother—Maiden name (first, middle, last): Mary Chandler
17. Informant—Name and relationship to deceased: Robert J. Caldwell Sr. Husband

CAUSE

18. Part I. Death was caused by: (Enter only one cause per line for (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) Immediate cause	Myocardial Infarction with Cardiac arrest	minutes
(b) Due to, or as a consequence of:	Arteriosclerotic Heart Disease	years
(c) Due to, or as a consequence of:		

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

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:

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):

21. Certification—Physician: I attended the deceased from November 23 1970 to May 31, 1975 and last saw him/her alive on: 12-12-74. Did/Did Not view the body after death (specify). Death occurred (hour) 5:00 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

CERTIFIER

22a. Physician—Signature: Kenneth K. Magee
22b. Name (type or print), degree or title: Kenneth K. Magee MD
22c. Date signed (month, day, year): June 2, 1975

ME

23. Mailing address—Physician: Medical Dental Building 905 Main Street Klamath Falls, Oregon 97601

BURIAL

24a. Burial, cremation, removal (specify): Burial
24b. Cemetery or crematory—Name: Eternal Hills Mem. Gardens
24c. Location (city or town, state): Klamath Falls, Oregon
24d. Date (mo., day, year): June 3, 1975
25a. Funeral director—Signature: Mike O'Hair
25b. Funeral home—Name and address (street, city or town, state, zip): O'Hair's Funeral Chapel 515 Pine Street Klamath Falls, Ore.
26a. Registrar—Signature: Marian Ackerman
26b. Date received by local registrar: JUN 2 1975
27. Date received by state registrar:
28. Reserved for registrar's use

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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)

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

By Marian Ackerman, Deputy Registrar

Date JUN 3 1975 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of OCTOBER A.D., 1976 at 2:25 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 16283.

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy

FEE $ 3.00