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38-11645 294 Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME (First, Middle, Last): Harold Merton Smith
2. DATE OF DEATH (month, day, year): November 23, 1973
3. RACE White, Negro, American Indian, etc. (specify): Caucasian
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): September 19, 1912
7a. COUNTY OF DEATH: Benton
7b. CITY, TOWN, OR LOCATION OF DEATH: Corvallis
7c. Inside City Limits (specify yes or no): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Good Samaritan Hospital
8. STATE OF BIRTH (If not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Gladys Rivers Smith
12. SOCIAL SECURITY NUMBER: 541-14-0715
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Truck Driver
13b. KIND OF BUSINESS OR INDUSTRY: Logging
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Lincoln
14c. CITY, TOWN, OR LOCATION: Tide Water
14d. Inside City Limits (specify yes or no): no
14e. STREET AND NUMBER OR R.F.D.: Star Rt 2 Box 37
15. FATHER—NAME (first, middle, last): Charles W. Smith
16. MOTHER—Maiden Name (first, middle, last): Inez Ferber
17. INFORMANT—NAME and relationship to deceased: Gladys Smith spouse

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	Shock: pneumonia sepsis	24 hrs
(b) due to, or as a consequence of	?? Probable myocardial infarction / carcinomatosis	48 hrs / 1 yr
(c) due to, or as a consequence of	Bronchogenic Carcinoma (left) lung	~1 yr

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): 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: 3/7/73 to death; And Last Saw Him/Her Alive on: 11/27/73; I Did/Did Not view the body after death (specify): did not; DEATH OCCURRED (hour): 3:20 AM. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: DD Bibler Jr MD
22b. NAME (type or print): D. D. BIBLER JR. MD
22c. DATE SIGNED (month, day, year): 12/3/73

23. MAILING ADDRESS—PHYSICIAN: 530 NW 27th ST. CORVALLIS, ORE. 97330

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Masonic Cemetery
24c. LOCATION (city or town, state): Coquille, Oregon
24d. DATE (mo., day, year): 11/27/73

25a. FUNERAL DIRECTOR—SIGNATURE: Ernest C. Cowling
25b. FUNERAL HOME—NAME AND ADDRESS: Coquille Chapel, Coos Mortuaries Inc, 22 N. Alder Street, Coquille, Oregon

26a. REGISTRAR—SIGNATURE: Vicki Cutter, Dep.
26b. DATE RECEIVED BY LOCAL REGISTRAR: Dec. 4, 1973
27. DATE RECEIVED BY STATE REGISTRAR:

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Ret - Trans

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Benton County Health Department.

By Vicki Cutter, Dep
Registrar of Vital Statistics

(SEAL)

Date Dec. 5 1973

Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of NOVEMBER A.D., 19 76 at 3:46 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 17521.

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy

FEE $ 3.00