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STATE OF OREGON–STATE HEALTH DIVISION

Vital Statistics Section

365

Local File Number

# CERTIFICATE OF DEATH

State File Number

**DECEASED**

1. Name: First CHARLES Middle ALBERT Last FOX — 2. DATE OF DEATH (month, day, year): November 1, 1976

3. RACE (White, Negro, American Indian, etc. (specify)): White — SEX: Male — AGE–last birthday (years): 82 — Under 1 year: mos. / days — Under 1 day: hours / min. — DATE OF BIRTH (month, day, year): December 1, 1893

4. COUNTY OF DEATH: Klamath — 4a. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls — 5a. Inside City Limits (specify yes or no): Yes — 5b. HOSPITAL OR OTHER INSTITUTION–NAME (if not in either, give street and number): Presbyterian Intercommunity

6. STATE OF BIRTH (if not in U.S.A., name of country): Illinois — 7b. CITIZEN OF WHAT COUNTRY: USA — 7c. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed — 7d. NAME OF SPOUSE: —

7a. Usual residence (where deceased lived. If death occurred in institution, give residence before admission): 543 – 10 – 1326 — RESIDENCE–STATE: Oregon — COUNTY: Klamath — CITY, TOWN, OR LOCATION: Klamath Falls — STREET AND NUMBER: Box Factory

8. SOCIAL SECURITY NUMBER: — 9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumberman – retired — 10. KIND OF BUSINESS OR INDUSTRY: —

11. MARRIED (Name of husband or wife): — 12. FATHER–NAME first middle last: James Bryant Peck — 13. MOTHER–Maiden Name first middle last: Regina Ella Spalding — 14. INFORMANT–Name and relationship to deceased: Charles D. Peck (Son)

**CAUSE**

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

15. Immediate Cause: (a) Crushing injuries to chest — approximate interval between onset and death: 2 hrs.

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) due to, or as a consequence of: (c)

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a).

16. DATE OF INJURY (month, day, year): November 1, 1976 — 20b. HOUR INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): About 7:00pm — 17. Charles D. Peck

18. INJURY AT WORK (specify yes or no): No — 20c. PLACE OF INJURY (at home, farm, factory, office bldg., etc. (specify)): Driver of auto which struck guard rail — 19a. AUTOPSY (yes or no): No — 19b. IF YES were findings considered in determining cause of death: —

20a. CERTIFICATION–MEDICAL INVESTIGATOR I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about the DECEDENT WAS PRONOUNCED DEAD (hour): — day: — year: — 20d. LOCATION (street or R.F.D. No., city or town, county, state): Highway # 97 — 20e. Mi. Post 28½ 8 Mi. So. Klamath Falls, Klamath, Oregon

21a. CERTIFIER–SIGNATURE: — 21b. THE DECEDENT WAS PRONOUNCED DEAD month: November day: 1, year: 1976 hour: 7:35 P.M. — 21c. NAME–(type or print): Veldon C. Boge, M.D. — Natural Causes: ☐ Accident: ☒ Homicide: ☐ Undetermined: ☐

22a. CERTIFIER: MEDICAL INVESTIGATOR — 22b. DATE SIGNED (month, day, year): November 4, 1976

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial — FOR: Klamath COUNTY — 24a. CEMETERY OR CREMATORY–NAME: Anderson District — LOCATION city or town: Anderson, — state: California

24b. FUNERAL DIRECTOR–SIGNATURE: — FUNERAL HOME–NAME AND ADDRESS (street, city or town, state, zip): Hardt's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601

25a. REGISTRAR–SIGNATURE: — 25b. DATE RECEIVED BY LOCAL REGISTRAR: Nov. 4, 1976 — DATE RECEIVED BY STATE REGISTRAR: Nov. 3, 1976

26. RESERVED FOR REGISTRAR'S USE — 27. —

28. —

VS-107 REV. 2-73

ORIGINAL–VITAL STATISTICS COPY

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 Meredith Johnson, Deputy Registrar

Date NOV 4 1976 19

VOID IF ALTERED

Lot
Charles D Peck
4307 Clinton

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8 day of Nov A.D., 19 76 at 11:09 o'clock a M., and duly recorded in Vol M 76, of deeds on Page 17722.

FEE 3.00

WM. D. MILNE, County Clerk

By Evelyn Baker Deputy