25152

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Local File Number

STATE OF OREGON — HEALTH DIVISION

Vital Statistics Section

CERTIFICATE OF DEATH

'77 FEB 8 PM 12 17

State File Number

Vol. M 77

Pages 2292

DECEASED

1. DECEASED—NAME: First Glenn; Middle L.; Last Miller
2. DATE OF DEATH (month, day, year): February 1, 1977
3. SEX: Male
4. AGE—Last Birthday (years): 72; Under 1 year: mos. 5b., days, Under 1 day: hours 5c., min.
5. DATE OF BIRTH (month, day, year): March 5, 1904
6. RACE (White, Negro, American Indian, etc. (specify): White
7. COUNTY OF DEATH: Klamath
   - 7a. STATE OF BIRTH (If not in U.S.A. name country): Nebraska
   - 7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
   - 7c. Inside City Limits (specify yes or no): Yes
   - HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Pres. Intercomm. Hospt.
8. SOCIAL SECURITY NUMBER: 542-10-4268
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Ann Miller
12. RESIDENCE—STATE: Oregon
    - COUNTY: Klamath
    - CITY, TOWN, OR LOCATION: Klamath Falls
    - 14a. STREET AND NUMBER OR R.F.D.: 4016 Mack Ave.
    - 14b. Inside City Limits (specify yes or no): No
13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Railroad Engineer
    - 13a. KIND OF BUSINESS OR INDUSTRY: Railroad
    - 13b. Retired
15. FATHER—NAME: First —; middle; last
16. MOTHER—Maiden Name: first —; middle; last
17. INFORMANT—NAME and relationship to deceased: Ronald Miller, son

Usual residence (Where deceased lived. If institution, where occurred, give residence before admission.)

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. (a) immediate cause: Cardiac Arrest
    (b) due to, or as a consequence of: Arteriosclerotic Heart Disease
    (c) due to, or as a consequence of:

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

	ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
1.	20a.	20b.	20c.	20d.	19a. No	19b.
2.	INJURY AT WORK (specify yes or no)	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)			
3.	20e.	20f.	20g.			

CERTIFICATION—I attended the deceased from: month day year; to Feb. 1, 1977; And Last Saw Him/Her Alive on: month day year; I Did/Did Not view the body after death (specify)

CERTIFICATION—PHYSICIAN: DEATH OCCURRED (hour): 3:55 P. M.

CERTIFIER

21. PHYSICIAN—SIGNATURE: Kenneth K. Magee
22a. MAILING ADDRESS—PHYSICIAN: 489 Medical Dentl. Bld., (street); Klamath Falls, (city or town) Oregon (state)
22b. NAME (type or print): Kenneth K. Magee, degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 2-3-77
23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial - Eternal Hills Mem. Gard., LOCATION—city or town: Klamath Falls, state: Oregon, zip: 97601

BURIAL

24a. FUNERAL DIRECTOR—SIGNATURE: [signature]
24b. DATE (mo., day, year): 2-4-77
24c. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
25a. REGISTRAR—SIGNATURE: Marian Johnson
25b. DATE RECEIVED BY LOCAL REGISTRAR: FEB 3 1977
26a. RESERVED FOR REGISTRAR'S USE
26b. DATE RECEIVED BY STATE REGISTRAR
27. [signature]
28.

VS-2 R-69

4016 Mack Ave. Klamath Falls City

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 Johnson Deputy Registrar

Date FEB 4 1977 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 8th day of FEBRUARY A.D., 19 77 at 12;17 o'clock ____ P M., and duly recorded in Vol M 77, of DEEDS on Page 2292.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drozd Deputy