26944

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

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323
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): EDWARD ELMER WARD
2. DATE OF DEATH (month, day, year): September 25, 1975
3. RACE (White, Negro, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 70
5b. Under 1 year (mos., days):
5c. Under 1 day (hours, min.):
6. DATE OF BIRTH (month, day, year): May 22, 1905
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): Presbyterian Intercommunity
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: Lesta Ward
12. SOCIAL SECURITY NUMBER: 543-10-0564
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Lumber Worker
13b. KIND OF BUSINESS OR INDUSTRY: Saw mills

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

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 1840 Arthur Street
15. FATHER—NAME (first, middle, last): Fredrick Ward
16. MOTHER—Maiden Name (first, middle, last): Louella Mae Clark
17. INFORMANT—NAME and relationship to deceased: Lesta Ward (Wife)

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

(a) immediate cause: Shock — hrs.
(b) due to, or as a consequence of: Myocardial infarction — hrs.
(c) due to, or as a consequence of: Arteriosclerotic cardiovascular disease — years

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): none

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):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Jan. 30 1974 to Sept 24, 1975; And Last Saw Him/Her Alive on: Sept. 24 '75; I Did/Did Not view the body after death (specify): did not; DEATH OCCURRED (hour): 2:10 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: Glenn Miller M.D.
22b. NAME (type or print): Glenn C. Miller, M.D. — degree or title
22c. DATE SIGNED (month, day, year): Sept 29 1975
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 1905 Main Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): 9/29/75
25. FUNERAL DIRECTOR—SIGNATURE: [signature]
FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Chrisman
26b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 29 1975
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

Ret: Lesta Ward
1840 Arthur
City

VS-2 R-69

$4.30

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 Chrisman, Deputy Registrar

Date SEP 29 1975 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 21st day of MARCH A.D., 19 77 at 2:20 o'clock P M., and duly recorded in Vol M 77, of DEEDS on Page 4658.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy