27274

CERTIFIED COPY

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BOOK 11 PAGE 798

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON, BOARD OF HEALTH, PORTLAND 97201, PUBLIC HEALTH SERVICE, 1859

LOCAL REGISTRAR'S NUMBER 168

STATE FILE NO. '68 017279

DATE RECEIVED JAN 13 1969

MARGIN RESERVED FOR BINDING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

Item	Entry
1. Name of deceased (First / Middle / Last)	FRANKLIN CARL VAN METER
2. Place of death — A. County	Columbia
B. City, town, or location	St. Helens
C. Length of stay in 2B	10 yrs.
D. Name of hospital or institution	DOA Columbia Dist. Hosp.
3. Usual residence — A. State	Oregon
B. County	Columbia
C. City, town, or location	Warren X
D. Street address, rural route, etc.	Route 1, Box 642
4. Date of death (Month / Day / Year)	12 23 1968
5. Sex	Male
6. Color or race	White
7. Marital status	[X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. Social Security No.	539-10-3485
9. Usual occupation	Oiler-Heavy Const.
10. Kind of business or industry	Construction
11. Name of spouse	Beulah Van Meter
12. Date of birth (Month / Day / Year)	2 15 1913
13. Age last birthday (Yrs.)	55
14. Birthplace	Merrill, Oregon
15. Was deceased a citizen of	[X] U.S. [ ] Foreign Country
16. If deceased was a veteran, what war?	II
17. Name of father	Roy Van Meter
18. Maiden name of mother	Alta Taylor
19. Informant's name and relationship to deceased	Beulah Van Meter, widow

MEDICAL CERTIFICATION

20. Cause of death. Part I: Death was caused by: Immediate cause (A): Coronary occlusion — Interval between onset and death: minutes

Due to (B):

Due to (C):

Part II: Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I (a):

21. If deceased was female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown

22. Was an autopsy performed? [ ] Yes [X] No

23. Was death result of: [ ] Accident [ ] Suicide [ ] Homicide

24. If accident, did injury occur [ ] At Work [ ] Not At Work

25A. Place of injury:

25B. City / County / State:

26. Time of injury:

27. Describe how injury occurred:

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

28. Certificate: I certify that I investigated the death of the deceased on Dec 23 1968 and that the death occurred at ___ m. from the causes and on the date stated above.

George E. Mahlich MD — St. Helens, Oregon — 1/3/69
(Signature) (Title) (Address) (Date Signed)

29. Reserved for registrar's use: 410.9

30A. Deceased will be	30B. Date	30C. Name of crematory or cemetery	30D. Location (City or Town) / State
[X] Buried [ ] Cremated [ ] Removed [ ] Other	12-26-68	Columbia Mem. Gdns.	Scappoose, Oregon

31. Date received by local registrar	32. Registrar's signature	33. Funeral director's signature and address
6 Jan 69	Ethel M. Jordan	Harold (?) Rushing — COLEMAN-RUSHING FUNERAL HOME, St. Helens, Oregon

Margin notations: 327-69; 363

'77 MAR 28 PM 2 50

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED MAR 28 1969

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Miriam M. Morton
STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of MARCH A.D., 1977 at 2:50 o'clock P M., and duly recorded in Vol M77 of DEEDS on Page 5118.

WM. D. MILNE, County Clerk

FEE $ 3.00

By Hazel Drazil Deputy