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STATE OF OREGON—STATE BOARD OF HEALTH Vol. M-11 Page 7098

Vital Statistics Section

154 Local File Number

CERTIFICATE OF DEATH

State File Number 71-007139

DECEASED—NAME (1) First: GILBERT Middle: EDGAR Last: HALE

DATE OF DEATH (month, day, year) (2) May 28, 1971

RACE White, Negro, American Indian etc. (specify) (3) White

SEX (4) Male

AGE last birthday (years) (5a) 60 Under 1 Year: months (5b) days Under 1 Day: hours (5c) min.

DATE OF BIRTH (month, day, year) (6) February 24, 1911

SED

COUNTY OF DEATH (7a) Klamath

CITY, TOWN, OR LOCATION OF DEATH (7b) Klamath Falls

Inside City Limits (specify yes or no) (7c) Yes

HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) (7d) Washburn Manor

dence ceased death in inst re before

STATE OF BIRTH (if not in U.S.A., name of country) (8) Illinois

CITIZEN OF WHAT COUNTRY (9) USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) (10) Widowed

NAME OF SPOUSE (11) ———

SOCIAL SECURITY NUMBER (12) 079-05-1754

USUAL OCCUPATION (give kind of work done during most of working life, even if retired) (13a) Laborer - retired

KIND OF BUSINESS OR INDUSTRY (13b) Common

RESIDENCE—STATE (14a) Oregon

COUNTY (14b) Klamath

CITY, TOWN, OR LOCATION (14c) Klamath Falls

Inside City Limits (specify yes or no) (14d) No

STREET AND NUMBER OR RFD (14e) 4502 Bisbee

FATHER—NAME first middle last (15) Orville Marion Hale

MOTHER—Maiden Name first middle last (16) Elizabeth — Bolin

INFORMANT—NAME and relationship to deceased (17) William Sabo (Friend)

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

(18) Immediate Cause (a) Carcinoma of Larynx

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

due to, or as a consequence of (c)

approximate interval between onset and death: months

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

AUTOPSY (yes or no) (19a) No

IF YES were findings considered in determining cause of death (19b)

DATE OF INJURY (month, day, year) (20a)

HOUR (20b)

HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18) (20c)

INJURY AT WORK (specify yes or no) (20d)

PLACE OF INJURY at home, farm, street factory, office bldg., etc. (specify) (20e)

LOCATION (street or R.F.D. No., city or town, county, state) (20f)

MEDICAL INVESTIGATOR

CERTIFICATION—MEDICAL INVESTIGATOR: I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about:

DEATH OCCURRED (hour) (21a) 8:10 P.M.

THE DECEDENT WAS PRONOUNCED DEAD month (21b) May day 28 year 1971 hour 6:10 P.M.

FROM: Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ] (21c)

FILE

CERTIFIER—SIGNATURE (22a) Neil Black M.D.

NAME—(type or print) (22b) Neil Black, M.D. Degree or Title

MEDICAL INVESTIGATOR: FOR: Klamath COUNTY (23)

DATE SIGNED (month, day, year) Jun 1971

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BURIAL, CREMATION, REMOVAL (specify) (24a) Burial

CEMETERY OR CREMATORY—NAME (24b) Klamath Memorial Park

LOCATION city or town, state (24c) Klamath Falls, Oregon

DATE (month, day, year) (24d) June 1, 1971

FUNERAL DIRECTOR—SIGNATURE (25a)

FUNERAL HOME NAME AND ADDRESS (street, city or town, state, zip) Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

REGISTRAR—SIGNATURE (26a) Marion Coleman

DATE RECEIVED BY LOCAL REGISTRAR (26b) JUN 1 1971

DATE RECEIVED BY STATE REGISTRAR (27) JUN 14 1971

(28) VSS NOV 1-69

DATE ISSUED APR. 21 1977

STATE OF OREGON, COUNTY OF MULTNOMAH) ss

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 HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Rt' Patricia E. Oman
17338 Summers Lane
Klam Falls Ore

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of APRIL A.D., 19 77 at 11;52 o'clock A M., and duly recorded in Vol M 77, of DEEDS on Page 7098.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Quazel Deputy