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77-19 Local File Number '77 JUN 3 AM 11 57

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME: 1. First: Carl Middle: D. Last: Ewing

DATE OF DEATH (month, day, year): 2. May 30, 1977

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

SEX: 4. Male

AGE—Last birthday (years): 5a. 63 yrs

Under 1 year: 5b. mos. days

Under 1 day: 5c. hours min.

DATE OF BIRTH (month, day, year): 6. Sept. 16, 1913

COUNTY OF DEATH: 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH: 7b. Cottenwood Meadows

Inside City Limits (specify yes or no): 7c.

HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 7d.

STATE OF BIRTH (If not in U.S.A., name country): 8. Colorada

CITIZEN OF WHAT COUNTRY: 9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. Married

NAME OF SPOUSE: 11. Elma F. Ewing

SOCIAL SECURITY NUMBER: 12. 513-10-2703

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. Plasterer

KIND OF BUSINESS OR INDUSTRY: 13b. Builder

RESIDENCE—STATE: 14a. Oregon

COUNTY: 14b. Klamath

CITY, TOWN, OR LOCATION: 14c. Klamath Falls

Inside City Limits (specify yes or no): 14d.

STREET AND NUMBER OR R.F.D.: 14e. 1210 Highland Way

FATHER—NAME first middle last: 15. Lewis Claud Ewing

MOTHER—Maiden Name first middle last: 16. Etta Douglas Ewing

INFORMANT—NAME and relationship to deceased: 17. Elma F. Ewing

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

18. immediate cause
(a) Acute Cardiac arrythmia
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Chronic Congestive Heart Failure
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)

AUTOPSY (yes or no): 19a. NO

IF YES were findings considered in determining cause of death: 19b.

Chronic Obstructive Pulmonary Disease

ACCIDENT (specify yes or no): 20a.

DATE OF INJURY (month, day, year): 20b. 5-30-77

HOUR: 20c. 2:30 p M.

HOW INJURY Ooccurred (enter nature of injury in part I or part II, item 18): 20d.

INJURY AT WORK (specify yes or no): 20e.

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

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

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year — TO month day year

And Last Saw Him/Her Alive on: month day year

I Did/Did Not view the body after death (specify)

DEATH OCCURRED (hour)

at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. None - None - None - did

PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: 22a. Wm D Stirling

NAME (type or print): 22b. Wm. D. Stirling MD

DATE SIGNED (month, day, year): 22c. 5/31/77

MAILING ADDRESS—PHYSICIAN: 23. 733 North 1st St Lakeview, Oregon 97630 (street, city or town, state, zip)

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. Burial

CEMETERY OR CREMATORY—NAME AND LOCATION: 24b. Eternal Hills Mem Gardens Klamath Falls Ore

DATE (mo., day, year): 24d. 6-2-77

FUNERAL DIRECTOR—SIGNATURE: 25a. Lynda Dalen

FUNERAL HOME—NAME AND ADDRESS: 25b. Ousley-Osterman Mortuary 410 Center Lakeview (street, city or town, state, zip)

REGISTRAR—SIGNATURE: 26a. Claudia Nygaard Deputy Reg.

DATE RECEIVED BY LOCAL REGISTRAR: 26b. May 31, 1977

DATE RECEIVED BY STATE REGISTRAR: 27.

RESERVED FOR REGISTRAR'S USE: 28.

OREGON STATE BOARD of HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD — STATE OF OREGON
County of LAKE

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Lake County Department of Health.

Robert W. Bomengen, M.D.
Registrar of Vital Statistics

SEAL

By Claudia Nygaard Deputy Registrar

Date: May 31, 1977 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 3rd day of June A.D., 19 77 at 11:57 o'clock A M., and duly recorded in Vol M 77, of Deeds on Page 9683.

FEE $3.00

WM. D. MILNE, County Clerk

By Julie L. Bragg Deputy