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'77 DEC 23 AM 9 49

INVESTIGATOR CERTIFICATE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER: 36

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink): First: JOHN; Middle: WILLIAM; Last: SMITH
2. PLACE OF DEATH
   - A. COUNTY: Klamath
   - B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
   - C. LENGTH OF STAY IN 2B: 39 Years
   - D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 922 North 3rd. Street
3. USUAL RESIDENCE (If institution, give residence before admission)
   - A. STATE: Oregon
   - B. COUNTY: Klamath
   - C. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
   - D. STREET ADDRESS, RURAL ROUTE, ETC.: 922 North 3rd. Street
4. DATE OF DEATH: Month: February; Day: 6; Year: 1969
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 454-18-4123
9. USUAL OCCUPATION (Kind of work done during most of life): Laborer
10. KIND OF BUSINESS OR INDUSTRY: Jeld - Wen Inc.
11. NAME OF SPOUSE: Jeanie Emma Smith
12. DATE OF BIRTH: Month: January; Day: 24; Year: 1907
13. AGE LAST BIRTHDAY: 62 Yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Witter, Arkansas
15. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: —
17. NAME OF FATHER: Bill Smith
18. MAIDEN NAME OF MOTHER: America Hoskins
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Jeanie Emma Smith (Wife)

TO MEDICAL INVESTIGATOR: Complete and sign medical certification (Items 20-28) and give to funeral director as soon as possible after inquiry. NOTE: If pending, must be indicated; notify registrar of final decision as soon as possible.

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C))
    PART I. DEATH WAS CAUSED BY:
    IMMEDIATE CAUSE (A): Suicide by Fire Arm — INTERVAL BETWEEN ONSET AND DEATH: [illegible]
    Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last.
    DUE TO (B):
    DUE TO (C):
    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)
21. AUTOPSY? AUTHORIZED BY: [ ] Yes [X] No
22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS.: [ ] yes [ ] no [ ] unknown
23. EXTERNAL CAUSE OF DEATH WAS: [X] Primary [ ] or Contributing
24. DESCRIBE HOW INJURY OCCURRED (enter nature of injury in part I or part II): Gunshot wound of head
25. TIME OF INJURY: 12:16 A.M. (mo) (day) (year): 2 6 69
26. INJURY OCCURRED: [ ] while at work [X] not while at work
27A. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.): Home
27B. (city or town) (county) (state): Klamath Falls, Klamath, Oregon
28. 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 12:16 (AM) (PM) from: [ ] Natural Causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined [ ] Pending
    ACTUAL SIGNATURE: S McKennon M.D. M.D. Pro-tem MEDICAL INVESTIGATOR FOR (County): Klamath
29. [X] Burial [ ] Removal [ ] Cremation [ ] Other
30. DATE: 2-10-69
31. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county): Eternal Hills Memorial Gardens, Klamath Falls, Oregon

FUNERAL DIRECTOR
32. (signature of funeral director or person acting as such): [signature]
NAME OF FUNERAL HOME AND ADDRESS: Ward's Klamath Funeral Home, Klamath Falls, Oregon

REGISTRAR
33. (signature of registrar): Marian Ackerman
DATE RECORD FILED: 2-7-69

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.

40809

(SEAL) DEPARTMENT OF HEALTH, KLAMATH COUNTY, OREGON

NEIL BLACK, M. D.
Registrar Vital Statistics

By Marian Ackerman
Deputy Registrar

Date FEB 12 1969 19

Return to Owen Boggs 2410 Maple K Falls

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of December A.D., 19 77 at 9:49 o'clock A M., and duly recorded in Vol. M77, of December on Page 24779.

WM. D. MILNE, County Clerk

FEE $3.00

By Bernetha L. Letsch Deputy