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Vital Statistics Section

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20
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF EVIDENCE ITEMS.

POSITION

FUNERAL DIRECTOR

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

USE OF PHYSICIAN

1 DECEASED—NAME First: EARL	Middle: —	Last: POTTER		2 DATE OF DEATH (month, day, year): January 13, 1978	
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Male	5a AGE—Last birthday (years): 65	Under 1 year: 5b mos. / days	Under 1 day: 5c hours / min.	6 DATE OF BIRTH (month, day, year): February 7, 1912
7a COUNTY OF DEATH: Klamath	7b CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity			7d IF HOSP. OR INST. indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient
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 SPOUSE (IF MARRIED, WIDOWED): Pearl E. Potter		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 542 - 07 - 8836	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Logger -- retired	14b KIND OF BUSINESS OR INDUSTRY: Woods			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: Rt. # 5 - Box 1351 97601		15e Inside City Limits (specify yes or no): No
16 FATHER—NAME first middle last: Boyd Monroe Potter	17 MOTHER—Maiden Name first middle last: Maude - Cochran	18 INFORMANT—NAME and relationship to deceased: Pearl E. Potter (Wife)			
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	19b CEMETERY OR CREMATORY—NAME: Klamath Memorial Park	19c LOCATION city or town state: Klamath Falls, Oregon 97601			
20a FUNERAL SERVICE LICENSEE OR person Acting As Such [Signature]: [signature]	20b NAME AND ADDRESS OF FACILITY: Ward's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601				

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: [signature] | 21b DATE SIGNED [Mo., Day, Yr.]: 1-13-78 | 21c HOUR OF DEATH: 5:05 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: E.E. Howard, M.D., 2622 Campus Drive, Klamath Falls, Oregon

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: JAN 17 1978	22b REGISTRAR [Signature]: [signature]	

PART I — 23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

(a) ACUTE ANTERIOR MYOCARDIAL INFARCTION — Interval between onset and death: 7 WEEK

DUE TO, OR AS A CONSEQUENCE OF:

(b) ATHEROSCLEROSIS — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24 AUTOPSY (Specify Yes or No)	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)
No	No

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo, Day, Yr)	26c HOUR OF INJURY M	26d DESCRIBE HOW INJURY OCCURRED
26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

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)

MARJORIE S. COMER, Registrar Vital Statistics

By [signature] Deputy Registrar

Date JAN 17 1978 19

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 18th day of January A.D., 19 78 at 3:31 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 1140.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy