47220

131
Local File Number

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CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: FIRST Charles	MIDDLE A.	LAST Morris	2 DATE OF DEATH (MONTH, DAY, YEAR): April 10, 1978
3 RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.): White	4 SEX: Male	5A AGE—LAST BIRTHDAY (YEARS): 66	5B UNDER 1 YEAR: MOS. / DAYS; UNDER 1 DAY: HOURS / MIN.
6 DATE OF BIRTH (MONTH, DAY, YEAR): January 20, 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 & NO.): Pres. Intercomm. Hospt.	7D IF HOSP., OR INST., INDICATE DOA, OR ENTER/RM., INPATIENT (SPECIFY): D.O.A.
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Nebraska	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11 SPOUSE (IF MARRIED, WIDOWED): Clara B. Morris
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO			
13 SOCIAL SECURITY NUMBER: 467-05-7649	14A USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Railroad Clerk	14B KIND OF BUSINESS OR INDUSTRY: Railroad	
15A RESIDENCE—STATE: Oregon	15B COUNTY: Klamath	15C CITY, TOWN, OR LOCATION: Midland	15D STREET AND NUMBER OR R.F.D.: 108 Main St.
15E INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes			
16 FATHER—NAME FIRST MIDDLE LAST: Andrew Jackson Morris	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST: Susan Jane Foland	18 INFORMANT—NAME AND RELATIONSHIP TO DECEASED: Clara B. Morris, Wife	
19A BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY): Burial	19B CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens	19C LOCATION CITY OR TOWN STATE: Klamath Falls, Oregon	
20A FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH—SIGNATURE: [illegible]	20B NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Oregon 97601		

CERTIFICATION — MEDICAL EXAMINER

I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

21A DEATH OCCURRED (HOUR): 6:30 P. M.	21B THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): April 10, 1978 8:50 P. M.	21C FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐	
21D CERTIFIER — SIGNATURE: James H. Jackson M.D.	21E NAME—(TYPE OR PRINT): James H. Jackson	DEGREE OR TITLE: M.D.	
21F MEDICAL EXAMINER FOR: Klamath COUNTY	21G DATE SIGNED (MONTH, DAY, YEAR): 4/11/78		

22A DATE RECEIVED BY REGISTRAR (MO. DAY, YR.): April 13, 1978	22B REGISTRAR (SIGNATURE): Marian Johnson

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A.), (B.), AND (C.))

PART I
(a) Probable myocardial infarction Twenty-four hours prior to admission — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Hypertension, long standing — INTERVAL BETWEEN ONSET AND DEATH: Years
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): NO

25A DATE OF INJURY (MONTH, DAY, YEAR)	25B HOUR	25C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 23)	
25D INJ. AT WORK (SPECIFY YES OR NO)	25E PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	25F LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)	

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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 Marian Johnson Deputy Registrar

Date APR 13 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT

Clara Morris
P.O. Box 66
Midland Or.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of May A.D., 19 78 at 3:28 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 8619.

FEE $3.00

WM. D. MILNE, County Clerk

By [illegible] Deputy