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Vol. M 78 Page 12359

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED.

LOCAL REGISTRAR'S NUMBER 11

STANDARD CERTIFICATE OF DEATH

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

STATE FILE NO. 67 000410

DATE RECEIVED JAN 9 1967

1. NAME OF DECEASED (Type or print all entries in black ink): FLOYD (First) ARTHUR (Middle) OHLE3 (Last)

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION: Klamath Falls
C. LENGTH OF STAY IN 28 HOURS: 24 hours
D. NAME OF HOSPITAL OR INSTITUTION: Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION: Chiloquin
D. STREET ADDRESS, RURAL ROUTE, ETC.: No number

4. DATE OF DEATH: January 7 1967
5. SEX: Male
6. COLOR OR RACE: Indian
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 543-36-2180
9. USUAL OCCUPATION (Kind of work done during most of life): Retired-Maintenance
10. KIND OF BUSINESS/INDUSTRY: State Highway Dep't.
11. NAME OF SPOUSE: Fanny Ohles
12. DATE OF BIRTH: June 14 1901
13. AGE LAST BIRTHDAY: 65 Yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Oswego, Kansas
15. WAS DECEASED A CITIZEN OF THE U.S.? [ ] Yes [ ] No [ ] Foreign Country
16. DECEASED WAS A VETERAN. WHAT WAR? No
17. NAME OF FATHER: William Ohles
18. MAIDEN NAME OF MOTHER: Olive Brillhart
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Fanny Ohles (Wife)

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): Acute Anterior Myocardial Infarction hours
DUE TO (b): Occlusion of Anterior Descending Coronary "
DUE TO (c): Arteriosclerotic Heart Disease Several years.
PART II: Other Significant Conditions contributing to death but not related to the terminal illness or condition given in Part I (a): 1. Pulmonary Emphysema 2. Pulmonary Infection 2 days
21. If deceased was female, was she pregnant in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy performed? [X] Yes [ ] No
23. WAS DEATH DUE TO: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, SUICIDE OR HOMICIDE: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Home, Farm, Street, etc.)
25B. City / County / State
26. TIME OF INJURY: ____ a.m. / ____ p.m. Hour / Month / Day / Year
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I attended the deceased from 1/3/67 to 1/9/67 and that death occurred at 9:03p m. from the cause and on the date stated above.
Performed an autopsy
Signature (Title) M.D., Klamath Falls, Oregon 1/9/67

29. RESERVED FOR REGISTRAR'S USE

420.1

DATE ISSUED June 7 1978

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