60515

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M79 Page 277

11 Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last
1 LESTER ANGELO CRANDALL

DATE OF DEATH (month, day, year)
2 March 18, 1978

RACE White, Black, American Indian, etc (specify)
3 White

SEX
4 Male

AGE—Last birthday (years)
5a 82

Under 1 year mos days 5b
Under 1 day hours min 5c

DATE OF BIRTH (month, day, year)
6 January 14, 1896

COUNTY OF DEATH
7a Jefferson

CITY, TOWN OR LOCATION OF DEATH
7b Madras

HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)
7c Mt. View Hospital

7d Inpatient

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

CITIZEN OF WHAT COUNTRY
9 U.S.A.

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

SPOUSE (IF MARRIED, WIDOWED)
11 Myrtle Crandall

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
12 No

SOCIAL SECURITY NUMBER
13 540-44-2875

USUAL OCCUPATION (give kind of work done during most of working life, even if retired)
14a Farmer

KIND OF BUSINESS OR INDUSTRY
14b Agriculture

RESIDENCE—STATE
15a Oregon

COUNTY
15b Jefferson

CITY, TOWN, OR LOCATION
15c Madras

STREET AND NUMBER OR R.F.D., ZIP
15d 155 W "D" St., Sp. 16

Inside City Limits (specify yes or no)
15e Yes

FATHER—NAME first middle last
16 Charles E. Crandall

MOTHER—Maiden Name first middle last
17 Minerva Jane Hayden

INFORMANT—NAME and relationship to deceased
18 Myrtle Lang Crandall - Wife

BURIAL, CREMATION, REMOVAL, MAUS. (specify)
19a Burial

CEMETERY OR CREMATORY—NAME
19b Mt. Jefferson Memorial Park

LOCATION city or town state
19c Madras, Oregon

FUNERAL SERVICE LICENSEE or person Acting As Such [Signature]
20a [signature]

NAME AND ADDRESS OF FACILITY
20b Madras Evergreen Chapel, 345 "D" St., Madras, Oregon 97741

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]

DATE SIGNED (Mo., Day, Yr.)
21b 3-21-78

HOUR OF DEATH
21c 3:00 P.M

NAME AND ADDRESS OF CERTIFIER (Type or Print)
21d George Waldmann, M.D. Madras Medical Group, 185 12th. St.,Madras, Oregon 97741

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21e

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
22a March 23, 1978

REGISTRAR
22b (Signature) Elaine Wheeler

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Arteriosclerotic Heart Disease — Interval between onset and death: [illegible]
DUE TO, OR AS A CONSEQUENCE OF
(b) — 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)
Generalized Arteriosclerosis

AUTOPSY (Specify Yes or No)
24 No

WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
25 (Specify Yes or No) [illegible]

ACCIDENT (Specify Yes or No)
26a No

DATE OF INJURY (Mo. Day Yr)
26b

HOUR OF INJURY
26c M

DESCRIBE HOW INJURY OCCURRED
26d

INJURY AT WORK (Specify Yes or No)
26e No

PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)
26f

LOCATION STREET OR R F D NO CITY OR TOWN STATE
26g

RESERVED FOR REGISTRAR'S USE

Ret: Rodriguez, Neilson + Glenn
406 5th St.
Madras, Or. 97741

VS-2 Rev-1-78 P-65412

STATE OF OREGON

County of JEFFERSON

This certifies that the foregoing is a correct and complete transcript of a record on file with the JEFFERSON COUNTY HEALTH DEPARTMENT.

Doris B. Suratt, R.N.
Registrar of Vital Statistics

(Seal)

By Elaine Wheeler Date 3-23-78
Deputy Registrar

ck. 3.00

NOT VALID WITHOUT RAISED SEAL OF JEFFERSON COUNTY

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 January A.D., 19 79 at 12:59 o'clock P M., and duly recorded in Vol M 79, of DEEDS on Page 277.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Jacqueline J. Metler Deputy