

64150

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

Vol. ^m 79 Page 6050

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 308		STATE FILE NO.	
DATE RECEIVED			
1. NAME OF DECEASED (Type or print all entries in black ink)		First Middle Last CLARENCE "A" PARKER	
2. PLACE OF DEATH A. COUNTY Klamath		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
B. CITY, TOWN, (If outside corporate limits, so specify) OR LOCATION Klamath Falls		C. CITY, TOWN (If outside corporate limits, so specify) OR LOCATION Dairy	
C. LENGTH OF STAY IN 2B 1 day		D. STREET ADDRESS, RURAL ROUTE, ETC. No numbers - Box # 3	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 331 South 11th Street			
4. DATE OF DEATH Month Day Year October 31 1967		5. SEX Male	
6. COLOR OR RACE White		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
8. SOCIAL SECURITY NO. 544-42-9693		9. USUAL OCCUPATION (Kind of work done during most of life) Rancher	
10. KIND OF BUSINESS OR INDUSTRY Self		11. NAME OF SPOUSE Elizabeth Parker	
12. DATE OF BIRTH Month Day Year April 6 1891		13. AGE LAST BIRTHDAY Yrs. 76	
14. BIRTHPLACE (State or Foreign Country) Benus Point, New York		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	
16. IF DECEASED WAS A VETERAN, WHAT WAR? W.W. # 1			
17. NAME OF FATHER Ernest Parker		18. MAIDEN NAME OF MOTHER Alice Miller	
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Elizabeth Parker (Wife)			
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Coronary occlusion		Interval Between Onset and Death (Years, days, hours, etc.) 1 day	
Conditions, if any, which gave rise to above cause (A), stating the underlying cause last) DUE TO (B): Generalized arteriosclerosis		20 years	
DUE TO (C):			
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):		21. If deceased was Female, was there a pregnancy in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
		22. Was an Autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		25B. City County State	
26. TIME OF INJURY Hour Month Day Year a. m. p. m.		27. DESCRIBE HOW INJURY OCCURRED.	
28. CERTIFICATE: I Certify that I attended (If not, state date of death) the deceased from or on 1952 to 3/13/67 (date) and that the death occurred at 1:00p. m. from the causes and on the date stated above. (Signature) A. Ivan Thompson, M.D. (Title) Klamath Falls, Oregon (Address) 10/31/67 (Date Signed)			
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 11/4/67	
30C. NAME OF CREMATORY OR CEMETERY Lost River Cemetery		30D. LOCATION (City or Town) State Bonanza, Oregon	
31. DATE RECEIVED BY LOCAL REGISTRAR 11-1-67		32. REGISTRAR'S SIGNATURE Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm P. Kendall Klamath Falls, Oregon			

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.

S. M. Kerron, M.D.
Registrar Vital Statistics

(SEAL)

By Marian Ackerman
Deputy
Date November 2, 1967

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of March A.D., 1979 at 2:34 o'clock P. M., and duly recorded in Vol. N79 of Deeds on Page 6050.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernetha J. Helich Deputy

Return to
Jean Blackus
4329 Altamont Dr.
L. 7. 0.