73870

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

Vol. M79 Page 21777

193
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First: Newton; Middle: T.; Last: Winkle
2. DATE OF DEATH (month, day, year): June 24, 1971
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 72
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): Dec. 25, 1898
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (if not in U.S.A., name country): Texas
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Jessie Winkle
12. SOCIAL SECURITY NUMBER: 534-09-4621
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Logger
13b. KIND OF BUSINESS OR INDUSTRY: Lumber

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Chiloquin
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: Box 462
15. FATHER—NAME first middle last: Newton Winkle Sr.
16. MOTHER—Maiden Name first middle last: Unknown
17. INFORMANT—NAME and relationship to deceased: Jessie Winkle, wife

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. immediate cause

	Cause	Approximate interval between onset and death
(a)	CARDIAC DECOMPENSATION	10 DAYS
(b) due to, or as a consequence of:	AURICULAR FIBRILLATION	5 YEARS
(c) due to, or as a consequence of:	RHEUMATIC HEART DISEASE	YEARS

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): PULMONARY EMBOLI, STROKE

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Aug 5 1965 to June 24, 1971; And Last Saw Him/Her Alive on: 6-24-71; I Did/Did Not view the body after death (specify):; DEATH OCCURRED (hour): 5:40 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE: [signature]
22b. NAME (type or print): Everett E. Howard; degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 6-25-71
23. MAILING ADDRESS—PHYSICIAN: Med. Dental Bld., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Klamath Mem. Park
24c. LOCATION city or town, state: Klamath Falls, Oregon
24d. DATE (mo., day, year): 6-28-71
25a. FUNERAL DIRECTOR—SIGNATURE: [signature] #130
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, K. Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 25 1971
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

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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)

NEIL BLACK, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar

Date JUN 28 1971 19

VOID IF ALTERED

Return to:
D.L. Hools
2261 S. 6th
Klamath Falls, OR 97601

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 12th day of September A.D., 19 79 at 2:53 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 21777.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $3.50