76519

STATE OF OREGON—STATE BOARD OF HEALTH Vol. M79 Page 26088
Vital Statistics Section

75
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME: First VANCE Middle GERALD Last NEWELL
2. DATE OF DEATH (month, day, year): March 5, 1974
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 56
5b. Under 1 year: mos.
5c. Under 1 day: days / hours / min.
6. DATE OF BIRTH (month, day, year): March 15, 1917
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Gilchrist
7c. Inside City Limits (specify yes or no): no
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Star Rt. 40992
8. STATE OF BIRTH (If not in U.S.A., name country): Idaho
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Dorothy Chase Newell
12. SOCIAL SECURITY NUMBER: 518-03-9873
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Head Custodian
13b. KIND OF BUSINESS OR INDUSTRY: Roseburg, Oregon High School

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: Gilchrist
14d. Inside City Limits (specify yes or no): NO
14e. STREET AND NUMBER OR R.F.D.: Star Rt. 40992
15. FATHER—NAME first middle last: Asa Harvey Newell
16. MOTHER—Maiden Name first middle last: Sadie McGuire
17. INFORMANT—NAME and relationship to deceased: Dorothy Newell - Spouse

CAUSE

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

18. Immediate cause (a): Respiratory Collapse — approximate interval between onset and death: minutes
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
due to, or as a consequence of: (b): Severe, end stage, chronic obstructive pulmonary disease — years
due to, or as a consequence of: (c): Associated Cor Pulmonale — years

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

1. 2. 3.

19a. ACCIDENT (specify yes or no):
20a. INJURY AT WORK (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR:
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20f.
20g. LOCATION (street or R.F.D. No., city or town, county, state):
19a. AUTOPSY (yes or no): NO
19b. IF YES were findings considered in determining cause of death

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: June 1973 to: month day year: Mar 5 1974
And Last Saw Him/Her Alive on: month day year: Feb 13 1974
I Did/Did Not view the body after death (specify): Did not
DEATH OCCURRED (hour): 9:30 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: C. Carter Boggs MD
22b. NAME (type or print) degree or Title: C. Carter Boggs, M.D.
22c. DATE SIGNED (month, day, year): 3-5-74
23. MAILING ADDRESS—PHYSICIAN street city or town state zip: 600 Harriman - Bend, Oregon 97701

M.E.

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Pilot Butte Cemetery
24c. LOCATION city or town state: Bend, Oregon
24d. DATE (mo., day, year): 3-8-74
25a. FUNERAL DIRECTOR—SIGNATURE:
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): TABOR FUNERAL HOME - 714 Hill St. - Bend, Oregon 97701
26a. REGISTRAR—SIGNATURE: Marian A. Sherman
26b. DATE RECEIVED BY LOCAL REGISTRAR: MAR 8 1974
DATE RECEIVED BY STATE REGISTRAR: 27.
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.

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian A. Sherman, Deputy Registrar
Date APR 11 1974 19
VOID IF ALTERED

(SEAL)

Brinley Huddleston
P.O. Box 762
Sisters, Or. 97759

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 5th day of November A.D., 19 79 at 3:22 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 26088.

WM. D. MILNE, County Clerk
By Deputy

FEE $3.50