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STANDARD CERTIFICATE OF DEATH

STATE OF OREGON — STATE FILE NO. 326

BUREAU OF HEALTH SERVICES, PORTLAND — 5-6-7

FEDERAL SECURITY AGENCY — U. S. PUBLIC HEALTH SERVICE

DATE RECEIVED JAN 2 - 1954

NUMBER 4 Hd-Vitl Statistics

1. NAME OF DECEASED (TYPE OR PRINT): GUSTA F. JOE BRAKEVELT

2. PLACE OF DEATH
A. COUNTY: KLAMATH
B. CITY OR TOWN: KLAMATH FALLS
C. LENGTH OF STAY: 20 YEARS
D. FULL NAME OF HOSPITAL OR INSTITUTION: HILLSIDE HOSPITAL

3. USUAL RESIDENCE
A. STATE: OREGON
B. COUNTY: KLAMATH
C. CITY OR TOWN: KLAMATH FALLS
D. STREET ADDRESS: Keno Road

4. DATE OF DEATH: Jan. 5, 1954
5. SEX: Male
6. COLOR OR RACE: White
7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: married
7B. NAME OF HUSBAND OR WIFE: Verne Brakevelt
8. DATE OF BIRTH: May 16 1889
9. AGE: 64
10. BIRTHPLACE: Belgium
11. CITIZEN OF WHAT COUNTRY: USA
12. FATHER'S NAME: Edward Brakevelt
13. MOTHER'S MAIDEN NAME: Rolette Brakevelt
14A. USUAL OCCUPATION: Farmer
14B. KIND OF BUSINESS OR INDUSTRY: farm
15. IF VETERAN, NAME WAR: World War I
16. INFORMANT'S GIVEN SIGNATURE: Verna Brakevelt
17. SOCIAL SECURITY NO.: 543-10-4399

18. CAUSE OF DEATH

MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: few days

ANTECEDENT CAUSES
(b) DUE TO Chronic nephritis + kidney stones — INTERVAL BETWEEN ONSET AND DEATH: Lifetime
(c) DUE TO Arteriosclerosis mostly in the patient's 70's — INTERVAL BETWEEN ONSET AND DEATH: many years

II. OTHER SIGNIFICANT CONDITIONS Contributing to the death but not related to the disease or condition causing death: Slight injury received several years ago when fell from Horse

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION: copper fragments from horse
20. AUTOPSY: YES ☑ NO ☐
21A. ACCIDENT SUICIDE HOMICIDE
21B. PLACE OF INJURY
21C. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21D. TIME OF INJURY
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1946 TO Jan 5 1954 THAT I LAST SAW THE DECEASED ALIVE ON Jan 5 1954 AND THAT DEATH OCCURRED AT 4 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: [signature] M.D.
23B. ADDRESS: Klamath Falls Ore
23C. DATE SIGNED: Jan 7, 1954

24A. BURIAL, CREMATION, REMOVAL: Burial
24B. DATE: 1/9/54
24C. NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park
24D. LOCATION: Klamath Falls, Oregon

DATE REC'D BY LOCAL REG.: 1-8-54
REGISTRAR'S SIGNATURE: Emily Bellem
25. FUNERAL DIRECTOR'S SIGNATURE: Kelly Chain
ADDRESS: Klamath Falls Oregon

N. B.—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. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.