CERTIFICATION OF VITAL RECORD

63395

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Vol. M86 Page 11828

LOCAL REGISTRAR'S NUMBER 127

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. 011485

DATE RECEIVED AUG 25 1966

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. ALL SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

MEDICAL CERTIFICATION

1. NAME OF DECEASED (Type or print all entries in black ink): First: Elmer; Middle: E.; Last: Johnson

2. PLACE OF DEATH
A. COUNTY: Deschutes
B. CITY, TOWN, OR LOCATION: Bend
C. LENGTH OF STAY IN 2B:
D. NAME OF HOSPITAL OR INSTITUTION: St. Charles Memorial Hospital

3. USUAL RESIDENCE (In institutions, give residence before admission)
A. STATE: Oregon
B. COUNTY: Deschutes
C. CITY TOWN OR LOCATION: Bend
D. STREET ADDRESS, RURAL ROUTE, ETC: 475 Hawthorne Ave.

4. DATE OF DEATH: August 8, 1966
5. SEX: Male
6. COLOR OR RACE: Cauc
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 540-10-2336
9. USUAL OCCUPATION: Bookkeeper
10. KIND OF BUSINESS OR INDUSTRY: Accounting
11. NAME OF SPOUSE: Julia
12. DATE OF BIRTH: September 24, 1904
13. AGE LAST BIRTHDAY: 61 Yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HOURS: Hours Minutes
14. BIRTHPLACE (State or Foreign Country): Minnesota
15. WAS DECEASED A CITIZEN OF U.S. / Foreign Country: Name of Country:
16. IF DECEASED WAS A VETERAN, WHAT WAR? WW # II
17. NAME OF FATHER: Samuel Johnson
18. MAIDEN NAME OF MOTHER: Hannah O'Berg
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Julia Johnson-widow

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (a), (b), AND (c).)
PART I. DEATH WAS CAUSED BY (IMMEDIATE CAUSE (a)): Myocardial infarction — Interval between onset and death: 16 hours
(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b): Coronary artery disease — 9 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? [ ] Yes [ ] No [ ] Unknown
22. Was an Autopsy (Part I) Filed? [ ] Yes [X] No
23. WAS DEATH RESULT OF: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT DID INJURY OCCUR: [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Factory, etc.)
25B. City, County, State
26. TIME OF INJURY: Hour, A.M. P.M., Month, Day, Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) (investigated) the death of the deceased from 8-7-66 (Date) to 8-8-66 and that the death occurred at 6:30 a.m. from the causes stated above.
► W. S. Dietz MD (Title) 1019 Brooks Bend (Address) 8-8-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE: 8/10/66
30C. NAME OF CREMATORY OR CEMETERY: Pilot Butte Cemetery
30D. LOCATION (City or Town, State): Bend, Oregon
420.1

31. DATE RECEIVED BY LOCAL REGISTRAR: 8/18/66
32. REGISTRAR'S SIGNATURE: ► Olive L. Schulz
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ► Niswonger-Reynolds Inc. by Robert Reynolds, Bend, Oregon

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED JUN 26 1986

JOSEPH D. CARNEY
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 7th day of July A.D., 19 86 at 9:48 o'clock A M., and duly recorded in Vol. M86, of Deeds on Page 11828.

FEE $5.00 Return:
Johnson, Marceau, Karnopp, Petersen & Nash, Atty's
835 N.W. Bond St., Bend, Oregon 97701-2799

Evelyn Biehn, County Clerk
By _____