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M-12555

STATE OF OREGON—HEALTH DIVISION
Vital Statistics Section

136-018596

380
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME First: PAUL Middle: CHARLES Last: ROCK

2. DATE OF DEATH (month, day, year): October [illegible]

3. RACE White, Negro, American Indian, etc. (specify): White

4. SEX: Male

5a. AGE—Last birthday (years): 67
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min

6. DATE OF BIRTH (month, day, year): November [illegible]

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): Presbyterian [illegible]

8. STATE OF BIRTH (if not in U.S.A., name country): North Dakota

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11. NAME OF SPOUSE: Edith V. Rock

12. SOCIAL SECURITY NUMBER: 517 - 01 - 2643

13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Maintenance man - retired

13b. KIND OF BUSINESS OR INDUSTRY: State of Oregon

14a. RESIDENCE—STATE: Oregon

14b. COUNTY: Klamath

14c. CITY, TOWN, OR LOCATION: Klamath Falls

14d. Inside City Limits (specify yes or no): Yes

14e. STREET AND NUMBER OR R F D: 221 Hilside

15. FATHER—NAME first middle last: Ervin - Rock

16. MOTHER—Maiden Name first middle last: Katherine - Koth

17. INFORMANT—NAME and relationship to deceased: Edith V. Rock (wife)

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

(a) immediate cause: [illegible]

(b) due to, or as a consequence of: [illegible]

(c) due to, or as a consequence of:

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

approximate interval between onset and death

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

19a. AUTOPSY (yes or no): No

19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT, SUICIDE, HOMICIDE (specify): No

20b. DATE OF INJURY (month, day, year)

20c. HOUR: m.

20d. DESCRIBE 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)

21. PHYSICIAN: I attended the deceased from: 10-2-75 to: [illegible]; And Last Saw Him/Her Alive on: 10-30-75; I Did/Did Not View the body after death (specify); DEATH OCCURRED (hour): 7:57 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] M.D.

22b. NAME (type or print): E.E. Howard, M.D.

22c. DATE SIGNED (month, day, year): [illegible]

23. PHYSICIAN—ADDRESS: 2622 Campus Drive, Klamath Falls, Oregon 97601

24a. BURIAL, CREMATION, REMOVAL (specify)

24b. CEMETERY OR CREMATORY—NAME: Eternal Hills

24c. LOCATION city or town, state: Klamath Falls, Oregon

24d. DATE (mo., day, year): Nov. 3, 1975

25. FUNERAL DIRECTOR—SIGNATURE: [signature]

26. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601

27. REGISTRAR—SIGNATURE: [signature]

28. DATE RECEIVED BY LOCAL REGISTRAR: NOV 3 1975

29. DATE RECEIVED BY STATE REGISTRAR: NOV 0 7 1975

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