Return To: 87015
Hazel Perdue
6460 Days Creek Road
Days Creek, OR 97429

Aspen Title #C-32192

Vol. M88 Page 7090

LOCAL REGISTRAR'S NUMBER 250

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO.

DATE RECEIVED JUL 26 1965

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Daniel; Middle: EII; Last: Perdue

2. PLACE OF DEATH
A. COUNTY: Douglas
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Roseburg
C. LENGTH OF STAY IN 2B: [illegible]
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): V.A. Hospital

3. USUAL RESIDENCE (If Institution, give residence before admission)
A. STATE: Oregon
B. COUNTY: Douglas
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Days Creek
D. STREET ADDRESS, RURAL ROUTE, ETC.: Route 2

4. DATE OF DEATH — Month: 7; Day: 13; Year: 65
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: 540 44 8151
9. USUAL OCCUPATION (Kind of work done during most of life): Farmer
10. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. NAME OF SPOUSE: Hazel
12. DATE OF BIRTH — Month: 7; Day: 29; Year: 83
13. AGE LAST BIRTHDAY: 82 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Salem, Oregon
15. WAS DECEASED A CITIZEN OF U.S. ☐ Foreign Country — Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? WWI
17. NAME OF FATHER: William Perdue
18. MAIDEN NAME OF MOTHER: Mary Tiller
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: (VA Hospital Records)

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Retroperitoneal hemorrhage — Interval Between Onset and Death: 24 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last
DUE TO (B): Ruptured abdominal aortic aneurysm — 24 hours.
DUE TO (C): Aortic arteriosclerosis — Years
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Arteriosclerotic heart disease

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, Forest, etc.)
25B. City / County / State
21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown
22. Was an Autopsy performed? ☒ Yes ☐ No
26. TIME OF INJURY: Hour ..... a. m. ..... p. m. — Month / Day / Year
27. DESCRIBE HOW INJURY Ooccurred.

28. CERTIFICATE:
I certify that I (attended) (investigated the death of) the deceased from or on [illegible] (date) and that the death occurred at 5:20 AM (date) to [illegible] m. from the causes and on the date stated above.
[illegible] (Signature) M.D. PATHOLOGIST Mercy Hospital Roseburg, Oregon 7-13-65 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 7-16-65
30C. NAME OF CREMATORY OR CEMETERY: I.O.O.F. Cemetery
30D. LOCATION (City or Town) State: Canyonville, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 7-15-65
32. REGISTRAR'S SIGNATURE: [illegible]
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: [illegible] Myrtle Creek, Ore.

451X

MEDICAL CERTIFICATION

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

FORM VS-2

Certified Copy

STATE OF OREGON
County of Multnomah } ss

This is to certify the above record is a true copy of the original record on file in the Vital Statistics Section of the Oregon State Board of Health, Portland, Oregon.

Date Issued AUG 18 1965

By Direction of:

Richard H. Wilcox, M.D.
State Health Officer

STATE REGISTRAR
OF VITAL STATISTICS

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow
of May A.D., 19 88 at 4:19 o'clock P M., and duly recorded in Vol. M88 day
of Deeds on Page 7090.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha Hutch