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Return recording return to:
Evelyn Inman
2028 Hope St.
Klamath Falls, Or. 97603

'90 APR 4 AM 11 28

CERTIFIED COPY OF DEATH RECORD

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

LOCAL REGISTRAR'S NUMBER 149 — STATE FILE NO. — DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Harry — Middle: La — Last: Inman

2. PLACE OF DEATH — A. COUNTY: Klamath — B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls — C. LENGTH OF STAY IN 28 (If not in hospital, give street address): 2 yrs. — D. NAME OF HOSPITAL OR INSTITUTION: Presby. Inter-Com. Hosp.

3. USUAL RESIDENCE (If institution, give residence before admission) — A. STATE: Oregon — B. COUNTY: Klamath — C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls — D. STREET ADDRESS, RURAL ROUTE, ETC.: 2028 Hope St.

4. DATE OF DEATH — Month: April — Day: 20, — Year: 1966

5. SEX: Male

6. COLOR OR RACE: Cau.

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO.: 700 05 4076

9. USUAL OCCUPATION (Kind of work done during most of life): SPRR

10. KIND OF BUSINESS OR INDUSTRY: Southern Pacific R.R.

11. NAME OF SPOUSE: Evelyn Inman

12. DATE OF BIRTH — Month: July — Day: 26, — Year: 1904

13. AGE LAST BIRTHDAY (Yrs.): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes

14. BIRTHPLACE (State or Foreign Country): Talent, Oregon

15. WAS DECEASED A CITIZEN OF U.S. ☐ Foreign Country — Name of Country

16. IF DECEASED WAS A VETERAN, WHAT WAR? No

17. NAME OF FATHER: Isaac Inman

18. MAIDEN NAME OF MOTHER: Jenny [illegible] Cornick

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Evelyn Inman, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) — Interval Between Onset and Death (Years, days, hours, etc.)

PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Massive Coronary with Ruptured 1t Ventricular

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (B): with Myocardium with Cardiac Tamponade — 1 hr

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): Diabetes

21. If deceased was Female, was there a pregnancy in the past 12 months? ☐ Yes ☐ No ☐ Unknown

22. Was an Autopsy performed? ☒ Yes ☐ 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, Forest, etc.)

25B. City / County / State

26. TIME OF INJURY — Hour / Month / Day / Year

27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I certify that I (saw) (last attended) the deceased from 4-20-66 (date) to 4-20-66 (date) and that death occurred at 4:35 p.m. from the causes and on the date stated above.

➤ J. Martin Adams, M.D. Asst Med. Inv. (Title) Klamath Falls, Oregon 4-22-66 (Date signed)
(Signature)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ Other

30B. DATE: 4/22/66

30C. NAME OF CREMATORY OR CEMETERY: Keno Cem.

30D. LOCATION (City or Town), State: Keno, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 4-22-66

32. REGISTRAR'S SIGNATURE: ➤ Marion Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ➤ O'Hair's Memorial Chapel, Mike O'Hair 515 Pine, Klamath Falls, Ore.

VS-16 2/56

VOID IF ALTERED

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.

(SEAL)

S. M. Kerron, M.D.
Registrar Vital Statistics

By Marion Ackerman
Deputy

Date April 26, 1966

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 4th day of April A.D., 19 90 at 11:28 o'clock A M., and duly recorded in Vol. M90, of Deeds on Page 6137.

Evelyn Biehn County Clerk
By Pauline Williamson

FEE $8.00