CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

22308 Vol. m90 Page 22280

mlc 24580

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH—PORTLAND
FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 56

STATE FILE NO. 2762
DATE RECEIVED MAR 28 1952

MARGIN RESERVED FOR BINDING
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.

'90 NOV 6 PM 2 07

1. NAME OF DECEASED (TYPE OR PRINT): a. (First) Albert b. (Middle) Grisinger c. (Last) Morrison 420.1

2. PLACE OF DEATH
a. COUNTY Klamath
b. CITY OR TOWN Klamath Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 4033 Summers Lane

3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Oregon b. COUNTY Klamath
c. CITY OR TOWN Klamath Falls
d. STREET ADDRESS 4033 Summers Lane

4. DATE OF DEATH (Month) (Day) (Year) March 23, 1952
5. SEX Male
6. COLOR OR RACE White
7a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
7b. NAME OF HUSBAND OR WIFE Gladys Morrison
8. DATE OF BIRTH Sept. 2 1882
9. AGE (in years last birthday) 69
10. BIRTHPLACE (State or foreign country) Lennox, Iowa
11. CITIZEN OF WHAT COUNTRY? USA
12. FATHER'S NAME Israel Grisinger
13. MOTHER'S MAIDEN NAME Malinda Drawbaugh
14a. USUAL OCCUPATION Retired
14b. KIND OF BUSINESS OR INDUSTRY Farmer
15. IF VETERAN, NAME WAR None
16. INFORMANT'S OWN SIGNATURE Gladys Morrison
17. SOCIAL SECURITY NO. None

18. CAUSE OF DEATH — MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac Infarction	
ANTECEDENT CAUSES — DUE TO (b)	Coronary sclerosis	4 yrs
DUE TO (c)	Arteriosclerosis, generalized	10 yrs
II. OTHER SIGNIFICANT CONDITIONS		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 May 27, 1948 TO Mar 23, 1952, THAT I LAST SAW THE DECEASED ALIVE ON Mar 23, 1952 AND THAT DEATH OCCURRED AT 11:30AM, FROM THE CAUSES AND ON THE DATE STATED ABOVE

23a. SIGNATURE Merl H Swanson M.D.
23b. ADDRESS Klamath Falls Ore
23c. DATE SIGNED Mar 24-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/26/52
24c. NAME OF CEMETERY OR CREMATORY Mt. Laki Cemetery
24d. LOCATION (City, town, or county) (State) Klamath, Oregon

DATE REC'D BY LOCAL REG. 3-25-52
REGISTRAR'S SIGNATURE Leo Rita Thade
25. FUNERAL DIRECTOR'S SIGNATURE Keith O'Hair
ADDRESS Klamath Falls Ore

Return: KFFS+L
Attn: Bob Cudo

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 NOV 01 1990

Edward J Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON 1859
OREGON STATE HEALTH DIVISION

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 6th day of Nov. A.D., 19 90 at 2:07 o'clock P.M., and duly recorded in Vol. m90, of Deeds on Page 22280.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $8.00