22971

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CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

Aspen Title #0103514
Return To: J. Davenport, 1623 Wilford Ave., Klamath Falls, OR 97601

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

STATE FILE NO. 9946
DATE RECEIVED SEP 12 1952

LOCAL REGISTRAR'S NUMBER 193

1. NAME OF DECEASED (TYPE OR PRINT): a. (First) Frederick b. (Middle) Cecil c. (Last) Adams — M.D. 4701
2. PLACE OF DEATH: A. COUNTY Klamath; B. CITY OR TOWN (If outside corporate limits, write RURAL location) Klamath Falls; C. LENGTH OF STAY (In this place) 24 years; D. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1975 Homedale Road
3. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Oregon; B. COUNTY Klamath; C. CITY OR TOWN (If outside corporate limits, write RURAL) Klamath Falls; D. STREET ADDRESS (If rural, give location) 1968 DelMorn
4. DATE OF DEATH (Month) (Day) (Year): Sept. 4, 1952
5. SEX: Male
6. COLOR OR RACE: White
7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
7B. NAME OF HUSBAND OR WIFE: Gladys T.
8. DATE OF BIRTH: Sept. 19, 1898
9. AGE (In years last birthday): 53 — If Under 1 Year: Months, Days — If Under 24 Hrs.: Hours, Min.
10. BIRTHPLACE (State or foreign country): Yoncalla, Oregon
11. CITIZEN OF WHAT COUNTRY: USA
12. FATHER'S NAME: Samuel Knight Adams
13. MOTHER'S MAIDEN NAME: Mamie Jones
14A. USUAL OCCUPATION: Physician-Surgeon
14B. KIND OF BUSINESS OR INDUSTRY: Klamath Medical Clinic
15. IF VETERAN, NAME WAR: W.W.#1
16. INFORMANT'S OWN SIGNATURE: Gladys T. Adams
17. SOCIAL SECURITY NO.: None
18. CAUSE OF DEATH — This does not mean the mode of dying, such as heart failure, asphyxia, or shock. It should be the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH: instant
20. AUTOPSY? YES ☐ NO ☒
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT SUICIDE HOMICIDE (Specify)
21B. PLACE OF INJURY (In or about home, farm, factory, street, office building, forest, etc.)
21C. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY Ooccur?

22. I HEREBY CERTIFY THAT I ~~ATTENDED THE DECEASED FROM~~ took charge of the remains 19__ THAT I LAST SAW ~~THE DECEASED ALIVE ON~~ DATE STATED ABOVE. 19__ AND THAT DEATH OCCURRED AT 4 P.M. FROM THE CAUSES AND ON THE
23C. DATE SIGNED 9/7/52
23A. SIGNATURE (Degree or title) George H. Acker M.D., Klamath County Coroner
23B. ADDRESS Klamath Falls, Oregon (State)
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial
24B. DATE 9/10/52
24C. NAME OF CEMETERY OR CREMATORY Klamath Memorial Park
24D. LOCATION (City, Town, or County) Klamath Falls, Oregon
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Ed. W. Ward Klamath Falls, Oregon
DATE REC'D BY LOCAL REG 9-6-52
REGISTRAR'S SIGNATURE

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.

STATE PRINTING DEPT

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 SEP 17 1990

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 26th day of Nov. A.D., 19 90 at 1:39 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 23478.

Evelyn Biehn - County Clerk
By Darlene Wilkinson

FEE $8.00