42068 '92 MAR 11 AM 11 23 Vol. M92 Page 5120

LOCAL REGISTRAR'S NUMBER 205

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND AREA
PUBLIC HEALTH SERVICE

STATE FILE NO.
DATE RECEIVED

MARGIN RESERVED FOR BINDING — 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. DO NOT USE ABBREVIATIONS OR SYMBOLS. FORM VS-2

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Larry — Middle: M. — Last: Watkins

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 THIS PLACE: 27 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): P. I. Hospital

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.: 2981 Lakeshore Drive

4. DATE OF DEATH — Month: June — Day: 30 — Year: 1969
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO.: --540-26-2958
9. USUAL OCCUPATION (Kind of work done during most of life): Contractor
10. KIND OF BUSINESS OR INDUSTRY: Building
11. NAME OF SPOUSE: Dorothy Watkins
12. DATE OF BIRTH — Month: February — Day: 6 — Year: 1904
13. AGE LAST BIRTHDAY: 65 Yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Ohio
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: ---
18. MAIDEN NAME OF MOTHER: ---
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Dorothy Watkins, widow

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): CARDIAC ARREST — Interval Between Onset and Death: 3 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last
DUE TO (B): SUSPECTED DISSECTING ANEURYSM
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): NONE
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 (attended) (investigated) the deceased from or on 6-30-69 (date) to 6-30-69 (date) and that the death occurred at 6:15 p.m. from the causes and on the date stated above.
Everett E. Howard — EVERETT E. HOWARD, M.D. — 613 Medical Dental Bldg. (Address) — JUL 1 1969 (Date Signed)
(Signature)
29. RESERVED FOR REGISTRAR'S USE
Klamath Falls, Oregon

30A. DECEASED WILL BE: ☐ Buried ☒ Cremated ☐ Removed ☐ Other
30B. DATE: July 3, 1969
30C. NAME OF CREMATORY OR CEMETERY: Ashland Crematory
30D. LOCATION (City or Town, State): Ashland, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 7-2-69
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Kerr O'Hair, 515 Pine, K. Falls, Oregon

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

NEIL BLACK, M. D.
Registrar Vital Statistics

By Marian Ackerman
Deputy Registrar

Date JUL 6 1969 19

VOID IF ALTERED

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. L. Sisemore the 11th day of March A.D., 19 92 at 11:23 o'clock A M., and duly recorded in Vol. M92, of Deeds on Page 5120.

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $10.00
Return: Wm. L. Sisemore
540 Main, Klamath Falls, Or. 97601