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Vol. m92 Page 26745

LOCAL REGISTRAR'S NUMBER 196 Aspen # 01039154

STATE OF OREGON BOARD OF HEALTH - PORTLAND 97201 PUBLIC HEALTH SERVICE

STATE FILE NO. DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) **Hallie Clayton Head**

2. PLACE OF DEATH
A. COUNTY **Klamath**
B. CITY, TOWN, OR LOCATION **Klamath Falls**
C. LENGTH OF STAY **Since 1982**
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION **Pres. Int. Hospital**

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE **Oregon** B. COUNTY **Klamath**
C. CITY, TOWN, OR LOCATION **Klamath Falls**
D. STREET ADDRESS, RURAL ROUTE, ETC. **2030 Erie St**

4. DATE OF DEATH **July 7, 1968** 5. SEX **male** 6. COLOR OR RACE **white** 7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO. **700-12-6741** 9. USUAL OCCUPATION (Kind of work done during most of life) **Engineer S P R R** 10. KIND OF BUSINESS **Railroad** 11. NAME OF SPOUSE **Cora Head**

12. DATE OF BIRTH **November 18, 1888** 13. AGE LAST BIRTHDAY **79** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____

14. BIRTHPLACE (State or Foreign Country) **Stratton, Nebraska** 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 **Edward Head** 18. MAIDEN NAME OF MOTHER **Ida May House** 19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED **Glenn Head, son**

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): **myocardial infarction, left bundle branch block & aortic stenosis**
Interval Between Onset and Death (Years, days, hours, etc.) **2 weeks**
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (B): **tachycardia**
STATE THE UNDERLYING CAUSE LAST (C): **arteriosclerotic heart disease**

PART II: Other Significant Conditions Contributing to Death but not related to the terminal disease or condition given in Part I (a): _____

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 ☐ Other 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 _____ a.m. _____ p.m. 27. DESCRIBE HOW INJURY OCCURRED: _____

28. CERTIFICATE: I certify that I (attended) (investigated the scene) (viewed the deceased from or on) **July 7, 1968** at **1:35** from the causes and on the date stated above.
Everett E. Howard, M.D. (Signature) **615 Medical Dental Bldg.** (Address) **JUL 12 1968** (Date Signed)

29. RESERVED FOR REGISTRAR'S USE **Klamath Falls, Oregon**

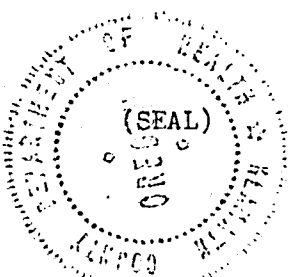
30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Reinterred ☐ Other 30B. DATE **7/10/68** 30C. NAME OF CREMATORY OR CEMETERY **IOOF Cemetery** 30D. LOCATION (City or Town) **Central Point, Oregon**

31. DATE RECEIVED BY LOCAL REGISTRAR **7-9-68** 32. REGISTRAR'S SIGNATURE **Marian Uehman** 33. HEALTH DIRECTOR'S SIGNATURE AND ADDRESS **Klamath Falls, Ore** **David C. Kerr**

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.



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

By Marian Uehman
Deputy Registrar

Date JUL 15 1968 1968

Return To: Verma A. Head VOID IF ALTERED
2030 Erie
Klamath Falls, OR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 10th day of Nov. A.D., 19 92 at 3:48 o'clock PM., and duly recorded in Vol. M92 of Deeds on Page 26745

FEE \$10.00

Evelyn Biehn County Clerk
By Rauline Mullender