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STANDARD CERTIFICATE OF DEATH

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

LOCAL REGISTRAR'S NUMBER 196 Aspen # 01039154

STATE FILE NO.

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) First: Hallie Middle: Clayton Last: Head

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: since 1952
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Pres. Int. 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: 2030 Erie St

4. DATE OF DEATH (Month, Day, Year): July 7, 1968
5. SEX: male
6. COLOR OR RACE: white
7. MARITAL STATUS: XX 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 OR INDUSTRY: Railroad
11. NAME OF SPOUSE: Cora Head
12. DATE OF BIRTH (Month, Day, Year): November 18, 1888
13. AGE LAST BIRTHDAY (Yrs.): 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: X 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

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): Myocardial Infarction, Left Bundle Branch Block & arteriosclerosis — Interval Between Onset and Death: 2 months
(Conditions, if any, which gave rise to above cause (a), stating the underlying cause last)
DUE TO (B): Tachycardia
DUE TO (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
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:
25. TIME OF INJURY (Hour): ..... a. m. ..... p. m.
Month / Day / Year:
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE:
I Certify that I (attended) (~~investigated~~) the above-named deceased from or on July 4, 1968 (date) to July 7, 1968 (date) and that the death occurred at 1:35 P. M. from the causes and on the date stated above.
(Signature) EVERETT E. HOWARD, M. D.
(Address) 613 Medical Dental Bldg. Klamath Falls, Oregon
JUL 12 1968 (Date Signed)

29. REGISTRAR'S USE

30A. DECEASED WILL BE: XX Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE: 7/10/68
30C. NAME OF CREMATORY OR CEMETERY: IOOF Cemetery
30D. LOCATION (City or Town) State: Central Point, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR: 7-8-68
32. REGISTRAR'S SIGNATURE: Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Klamath Falls, Ore

FORM VS 2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS. SO THAT IT MAY BE PROPERLY CLASSIFIED.

MARGIN RESERVED FOR BINDING

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 Marian Ackerman
Deputy Registrar

Date JUL 15 1968 19____

Return To: Verna A. Head
2030 Erie
Klamath Falls, OR

VOID IF ALTERED

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.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $10.00