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65-1044

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER [illegible]

STATE FILE NO.

DATE RECEIVED [illegible]

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. MARGIN RESERVED FOR BINDING

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

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION: Klamath Falls
C. LENGTH OF STAY IN B: 1 year
D. NAME OF HOSPITAL OR INSTITUTION: Klamath Valley 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.: 5604 [illegible] Drive

4. DATE OF DEATH: July 6 1965
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [x] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 574-10-7167
9. USUAL OCCUPATION (Kind of work done during most of life): Farmer — retired
10. KIND OF BUSINESS OR INDUSTRY: Self
11. NAME OF SPOUSE: Rachel Sirstad
12. DATE OF BIRTH: July 19 1892
13. AGE LAST BIRTHDAY: 72 Yrs.
14. BIRTHPLACE (State or Foreign Country): Blair, Wisconsin
15. WAS DECEASED A CITIZEN OF: [x] U.S. [ ] Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR?: —
17. NAME OF FATHER: John O. Seierstad
18. MAIDEN NAME OF MOTHER: Marie Knudson
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Raymond Sirstad (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): [illegible]
DUE TO (B):
DUE TO (C): [illegible]
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a):
21. If female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an autopsy performed? [ ] Yes [x] No
23. WAS DEATH RESULT OF [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY
25B. City County State
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I attended the deceased from [illegible] to [illegible] and that the death occurred at 7:27 [illegible] from the causes and on the date stated above.
[signature] M.D., Klamath Falls, Oregon 7/8/65

29. RESERVED FOR REGISTRAR'S USE

30. DECEASED WILL BE [x] Buried [ ] [ ] [ ] — DATE 7/10/65 — NAME OF CEMETERY OR CREMATORY: Klamath Memorial Park, Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE [signature] — FUNERAL DIRECTOR: Klamath Falls, Oregon

CERTIFIED COPY

STATE OF OREGON }
County of Multnomah } ss

Date Issued [illegible]

This is to certify that the foregoing is a reproduction of the original record on file in the Vital Statistics Section of the Oregon State Board of Health, Portland, Oregon.

By Direction of:

Michael R. Wilcox, M.D.
State Health Officer

[signature]
State Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Oregon Title Insurance Co.
this 12 day of August A. D. 19 65 at 4:15 o'clock P M., and
duly recorded in Vol. M-65, of Deeds on Page 829

DOROTHY ROGERS, County Clerk

By [signature]

Fee $1.50