

21289

# CERTIFIED COPY

## OREGON STATE BOARD OF HEALTH

### VITAL STATISTICS SECTION

VOL. M-68

PAGE

2403

LOCAL REGISTRAR'S NUMBER 164 STANDARD CERTIFICATE OF DEATH STATE OF OREGON BOARD OF HEALTH FEDERAL SECURITY AGENCY—U. S. PUBLIC HEALTH SERVICE STATE FILE NO. 6497 DATE RECEIVED JUN 26 1953

1. NAME OF DECEASED (Type or Print) Bessie Marie Rathe

2. PLACE OF DEATH  
A. COUNTY Klamath  
B. CITY (If outside corporate limits, write RURAL location) Klamath Falls  
C. LENGTH OF STAY (in this place) 27 years  
D. FULL NAME OF HOSPITAL OR INSTITUTION Hillside Hospital  
E. STREET (If rural, give location) 625 N. 6th Street

3. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)  
A. STATE Oregon  
B. COUNTY Klamath  
C. CITY (If outside corporate limits, write RURAL) Klamath Falls  
D. STREET (If rural, give location) 625 N. 6th Street

4. DATE OF DEATH (Month) (Day) (Year) June 15, 1953 5. SEX Female 6. COLOR OR RACE White 7A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7B. NAME OF HUSBAND Hjalmar S.

8. DATE OF BIRTH (Month) (Day) (Year) Jan. 23, 1893 9. AGE (In years last birthday) 60 10. BIRTHPLACE (State or foreign country) Selma, Oregon 11. CITIZEN OF WHAT COUNTRY? USA

12. FATHER'S NAME Jacob Hanseth 13. MOTHER'S MAIDEN NAME Maria Andriasdatter

14A. USUAL OCCUPATION Instructor 14B. KIND OF BUSINESS OR INDUSTRY Elementary school 15. IF VETERAN, NAME WAR NO 16. INFORMANT'S OWN SIGNATURE L. N. Rathe

17. SOCIAL SECURITY NO. 542-38-9514 18. MEDICAL CERTIFICATION ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (A) Cerebral hemorrhage  
II. ANTECEDENT CAUSES Due to hypertension  
III. OTHER SIGNIFICANT CONDITIONS not known

19A. DATE OF OPERATION June 15, 1953 19B. MAJOR FINDINGS OF OPERATION not known 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT (Specify) SUICIDE 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.) not known 21C. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21D. TIME (Month) (Day) (Year) (Hour) (Minute) June 15, 1953 21E. INJURY OCCURRED WHILE ☐ AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? not known

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 15, 1953 TO June 15, 1953 THAT I LAST SAW THE DECEASED ALIVE ON June 15, 1953 AND THAT DEATH OCCURRED AT 3:05 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (Degree or title) Robert Payne M.D. 23B. ADDRESS Klamath Falls, Oregon 23C. DATE SIGNED 6-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal 24B. DATE 6/19/53 24C. NAME OF CEMETERY OR CREMATORY Deer Creek cemetery 24D. LOCATION (City, town, or county) (State) Selma, Oregon

DATE REC'D BY LOCAL REG. 6-18-53 REGISTRAR'S SIGNATURE Jana Langstaff 25. FUNERAL DIRECTOR'S SIGNATURE W. W. Wood ADDRESS Klamath Falls, Oregon

STATE OF OREGON  
County of Multnomah

DATE ISSUED

MAR 25 1968

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

STATE REGISTRAR

STATE OF OREGON, } ss  
County of Klamath

Filed for record at request of

Hjalmar S. Rathe

on this 27 day of March A. D. 1968at 3:05 o'clock PM and dulyrecorded in Vol. M-68 of DeedsPage, 2403

DOROTHY ROGERS, Count, Clerk

Fee 1.50