23178

MEDICAL INVESTIGATOR CERTIFICATE

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH — PORTLAND
PUBLIC HEALTH SERVICE

LOCAL REGISTRAR'S NUMBER 129

STATE FILE NO. VOL M68 PAGE 4613

DATE RECEIVED

1. NAME OF DECEASED (Type or print all entries in black ink) — First: [illegible] Middle: RICHARD Last: HANSEN

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN OR LOCATION (If outside corporate limits so specify): Chiloquin
C. LENGTH OF STAY IN THIS PLACE: 1½ Months
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Star Route # 2

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): near Chiloquin
D. STREET ADDRESS, RURAL ROUTE, ETC.: Star Route # 2

4. DATE OF DEATH: Month May Day 12 Year 1968
5. SEX: Male
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: 558-10-2486 A
9. USUAL OCCUPATION (Kind of work done during most of life): Editor - retired
10. KIND OF BUSINESS OR INDUSTRY: News Papers
11. NAME OF SPOUSE: Vada K. Hansen
12. DATE OF BIRTH: Month February Day 21 Year 1903
13. AGE LAST BIRTHDAY (Yrs.): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HOURS: Hours / Minutes
14. BIRTHPLACE (State or Foreign Country): Elkhorn, Iowa
15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country — Name of Country:
16. IF DECEASED WAS A VETERAN WHAT WAR? W.W. # 2
17. NAME OF FATHER: Jacob R. Hansen
18. MAIDEN NAME OF MOTHER: Anna Nelsen
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Vada K. Hansen (Wife)

MEDICAL CERTIFICATION

TO MEDICAL INVESTIGATOR: Complete and sign medical certification (Items 20-28) and return to funeral director as soon as possible after inquiry. NOTE: If "pending" must be indicated, notify registrar of final decision as soon as possible.

20. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).) PART I. DEATH WAS CAUSED BY:
(IMMEDIATE CAUSE (A)): C.H.F. with
DUE TO (B): Prob. Coronary Occlusion
DUE TO (C):
Conditions, if any, which gave rise to Immediate cause (A), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A).

21. AUTOPSY? AUTHORIZED BY: [ ] Yes [X] No

22. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MOS. yes [ ] no [ ] unknown [ ]
23. EXTERNAL CAUSE OF DEATH WAS Primary [ ] or Contributing [ ]
24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in part I.)
25. TIME OF INJURY (mo) (day) (year) A.M. P.M.
26. INJURY OCCURRED While at work [ ] not while at work [ ]
27A. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
27B. (city or town) (county)

28. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted on or about 7:00 AM 5/11
Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ]
ACTUAL SIGNATURE: [signature] M.D. MEDICAL INVESTIGATOR FOR: Asst. Klamath

FUNERAL DIRECTOR

29. Burial [X] Removal [X] Cremation [ ] Other [ ]
30. DATE: 5/13/68
31. PLACE OF BURIAL, REMOVAL, ETC.: Pauley Home for Funerals, Harlan, Iowa
32. (signature of funeral director or person acting as such)
NAME OF FUNERAL HOME AND ADDRESS: Ward's Klamath Funeral Home, Klamath Falls, Oregon

REGISTRAR

33. (signature of registrar): Mary Nelson
DATE RECORD FILED: 5-13-68

VSL-107 11-65

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

(SEAL)

By Mary Nelson
Deputy Registrar

Date MAY 13 1968 19

VOID IF ALTERED

STATE OF OREGON, } ss
County of Klamath }
Filed for record at request of

on this 23 day of May A. D. 19 68
at 12:18 o'clock P M. and duly recorded in Vol. M68 of Deeds
Page 4613.

DOROTHY ROGERS, County Clerk
By Lyda L. Devlin Deputy

Fee 1.50

16