FEB 19 12 09 PM 1970

38823

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL M 70 PAGE 1325

# CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 268

STATE FILE NO.

DATE RECEIVED

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

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 2B 38 Yrs.
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Klamath Co. Nursing Home

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. 2023 Darrow St.

4. DATE OF DEATH Month Sept. Day 26, Year 1967
5. SEX Male
6. COLOR OR RACE Caucasian
7. MARITAL STATUS ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married
8. SOCIAL SECURITY NO. 543-07-3764-B1
9. USUAL OCCUPATION (Kind of work done during most of life) Retired sawyer
10. KIND OF BUSINESS OR INDUSTRY Timber
11. NAME OF SPOUSE Louise Steinerson
12. DATE OF BIRTH Month February Day 14, Year 1891
13. AGE LAST BIRTHDAY Yrs. 76
IF UNDER 1 YEAR Months Days
IF UNDER 24 HOURS Hours Minutes
14. BIRTHPLACE (State or Foreign Country) Skein, Norway
15. WAS DECEASED A CITIZEN OF ☒ U. S. ☐ Foreign Country Name of Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? WW I
17. NAME OF FATHER Steiner Dalle
18. MAIDEN NAME OF MOTHER Trine Reiersen
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Louise Steinerson

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): Cardio - Resp failure — Interval Between Onset and Death (Years, days, hours, etc.): Terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Pneumonia — 5 days
DUE TO (C):
PART II: Other Significant Conditions contributing to Death but not related to the terminal disease or condition given in Part I (a): Severe aortic insuff.
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
26. TIME OF INJURY Hour ..... a. m. ..... p. m. Month Day Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) ~~the deceased~~ from or on 20 June '67 (date) to 9-26-67 (date) and that the death occurred at 1:26p. m. from the causes and on the date stated above.
► E. M. LeVernois, M.D. (Signature) (Title) Klamath Falls, Ore (Address) 27 Sept. '67 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE ☒ Buried ☐ Cremated ☐ Removed ☐ Other
30B. DATE 9-28-67
30C. NAME OF CREMATORY OR CEMETERY Eternal Hills
30D. LOCATION (City or Town) State Klamath Falls, Oregon
31. DATE RECEIVED BY LOCAL REGISTRAR 9-27-67
32. REGISTRAR'S SIGNATURE ► Marian Ackerman
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS ► O'Hair's Mike O'Hair 515 Pine, K. Falls, Ore.

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

Date September 27, 1967

VS-16 2/56

**VOID IF ALTERED**

STATE OF OREGON, County of Klamath } ss.

Filed for record at request of: Louise Steinerson

on this 19th day of February A. D., 1970 at 12:09 o'clock P M. and duly recorded in Vol. M 70 of Deeds Page 13 25

WM. D. MILNE, County Clerk

By Phyllis Beardsley Deputy.

Fee $1.50

51

C-66-14

FEB 19 3 38 PM 1970

FEB 19 3 39 PM 1970