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STATE OF OREGON · STATE BOARD OF HEALTH
Vital Statistics Section

'70-018227

407
Local File Number

CERTIFICATE OF DEATH

State File Number

CEASED

1. DECEASED—NAME (First) LYLE	(Middle) ROEHL	(Last) KYLLSTROM			2. DATE OF DEATH (month, day, year) Dec. 14, 1970	
3. RACE (White, Negro, American Indian, etc. (specify)) White	4. SEX Male	5a. AGE—Last birthday (years) 55	Under 1 year: 5b. months / 5c. days / 5d. hours / 5e. min.		6. DATE OF BIRTH (month, day, year) June 6, 1915	
7a. COUNTY OF DEATH Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		7c. Inside City Limits (specify yes or no) yes		7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Presb. Intercommunity Hospital	
8. STATE OF BIRTH (If not in U.S.A., name country) Washington	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married			11. NAME OF SPOUSE Betty J. Kellstrom	
12. SOCIAL SECURITY NUMBER 531-07-0200	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Agent				13b. KIND OF BUSINESS OR INDUSTRY Insurance Company	
14a. RESIDENCE—STATE Oregon	14b. COUNTY Klamath	14c. CITY, TOWN, OR LOCATION Klamath Falls	14d. Inside City Limits (specify yes or no) yes		14e. STREET AND NUMBER OR R.F.D. 5h8 Conger Avenue	
15. FATHER—NAME (first, middle, last) Charles Frederick Kellstrom		16. MOTHER—Maiden Name (first, middle, last) Christine Roehl			17. INFORMANT—NAME and relationship to deceased Betty J. Kellstrom (Wife)	

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c).)

		Approximate interval between onset and death
18. Immediate cause	Inanition	1 month
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (a) due to, or as a consequence of:	Generalized metastatic adenocarcinoma to bone	6 months
(b) due to, or as a consequence of:	Adenocarcinoma of cecum	12 months
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a). None

19. AUTOPSY (yes or no): no
19b. If YES, were findings considered in determining cause of death:

1. 153.0
2. —
3. —

20a. ACCIDENT (specify yes or no): no	20b. DATE OF INJURY (month, day, year)	20c. HOUR	20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)	
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state) 20g.		

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Sept. 26, 1957	to (month, day, year) Dec. 14, 1970	And last saw him/her alive on: Dec. 14, 1970	I Did/Did Not view the body after death (specify) Did	DEATH OCCURRED (hour) 6:50 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated
22a. PHYSICIAN—SIGNATURE Robert Payne M.D.	22b. NAME (type or print) R. Bert Payne, M.D.	degree or title	22c. DATE SIGNED (month, day, year) Dec. 15, 1970	
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip) Medical-Dental Building, Klamath Falls, Oregon 97601				

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation	24b. CEMETERY OR CREMATORY—NAME Ashland Crematorium	24c. LOCATION city or town, state Ashland, Oregon	24d. DATE (mo., day, year) Dec. 17, 1970
25a. FUNERAL DIRECTOR—SIGNATURE Thomas K. Ward	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601		
26a. REGISTRAR—SIGNATURE Marian Johnson	26b. DATE RECEIVED BY LOCAL REGISTRAR DEC 16 1970	27. DATE RECEIVED BY STATE REGISTRAR DEC 28 1970	

28. RESERVED FOR REGISTRAR'S USE

VS-3 R-69

1. 153.0
2. —
3. —

COUNTY HEALTH DIVISION

DATE ISSUED Feb. 23 1972

STATE OF OREGON, COUNTY OF MULTNOMAH) SS

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 HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Marian M. Smith STATE REGISTRAR

Returned OK

STATE OF OREGON, COUNTY OF KLAMATH; ss.

Filed for record at request of H. F. SMITH

this 28th day of FEB A. D. 1972 at 11:14 o'clock AM., and duly recorded in Vol. M 72, of DEEDS on Page 2077

Fee $2.00

WM. D. MILNE, County Clerk

By Hazel Bragg