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88544
300
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

28 0140

State File Number

CERTIFICATE OF DEATH

DECEASED—NAME: 1. NILS R. LENSTROM (First Middle Last)

DATE OF DEATH (month, day, year): 2. APRIL 7, 1974

RACE White, Negro, American Indian, etc. (specify): 3. WHITE

SEX: 4. MALE

AGE—Last birthday (years): 5a. 57

Under 1 year: mos. 5b. | Under 1 day: days hours min. 5c.

DATE OF BIRTH (month, day, year): 6. OCTOBER 17, 1916

COUNTY OF DEATH: 7a. WASHINGTON

CITY, TOWN, OR LOCATION OF DEATH: 7b. HILLSBORO

Inside City Limits (specify yes or no): 7c. YES

HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): 7d. TUALITY COM. HOSPITAL

STATE OF BIRTH (if not in U.S.A., name country): 8. SWEDEN

CITIZEN OF WHAT COUNTRY: 9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): 10. MARRIED

NAME OF SPOUSE: 11. GERMANINE SIGUET LENSTROM

SOCIAL SECURITY NUMBER: 12. 111-05-5343

USUAL OCCUPATION (give kind of work done during most of working life, even if retired): 13a. ESTATE MANAGER

KIND OF BUSINESS OR INDUSTRY: 13b. RETIRED

RESIDENCE—STATE: 14a. OREGON

COUNTY: 14b. WASHINGTON

CITY, TOWN, OR LOCATION: 14c. BEAVERTON

Inside City Limits (specify yes or no): 14d. No

STREET AND NUMBER OR R.F.D.: 14e. 14630 FARMINGTON RD.

FATHER—NAME first middle last: 15. RAGNAR LENSTROM

MOTHER—Maiden Name first middle last: 16. UNKNOWN

INFORMANT—NAME and relationship to deceased: 17. GERMANINE LENSTROM WIFE

CAUSE

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

18. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

		approximate interval between onset and death
immediate cause (a)	Heart Failure	24hr.
due to, or as a consequence of: (b)	acute myocardial infarction	5days
due to, or as a consequence of: (c)	Arteriosclerotic Heart Disease	years.

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

AUTOPSY (yes or no): 19a. NO

IF YES were findings considered in determining cause of death: 19b.

ACCIDENT (specify yes or no): 20a.

DATE OF INJURY (month, day, year): 20b.

HOUR: 20c. M.

HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18): 20d.

INJURY AT WORK? (specify yes or no): 20e.

PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify): 20f.

LOCATION (street or R.F.D. No., city or town, county, state): 20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year Nov 12 1973 to month day year April 7, 1974

And Last Saw Him/Her Alive on: month day year April 6 1974

I Did/Did Not view the body after death (specify): Did not

DEATH OCCURRED (hour): 4:40 A. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

21. PHYSICIAN—SIGNATURE: [signature]

NAME (type or print): 22b. RONALD SMITH degree or Title: M.D.

DATE SIGNED (month, day, year): 22c. April 10, 1974

22a. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 4690 S. W. WASHINGTON AVE., BEAVERTON, OREGON 97005

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify): 24a. BURIAL

CEMETERY OR CREMATORY—NAME: 24b. REST LAWN CEMETERY

LOCATION (city or town, state): 24c. SALEM, OREGON

DATE (mo., day, year): 24d. 4-10-74

FUNERAL DIRECTOR—SIGNATURE: [signature]

FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): 25b. FULTEN MORTUARY, 4655 S. W. WATSON, BEAVERTON, OR. 97005

REGISTRAR—SIGNATURE: [signature]

DATE RECEIVED BY LOCAL REGISTRAR: 26b. APR 11 1974

DATE RECEIVED BY STATE REGISTRAR: 27.

26a. RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

Return:
Germanine Lenstrom
3872 Madison St.
City

WASHINGTON COUNTY

STATE OF OREGON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Washington County Department of Health.

Ingrid H. Grant
Registrar Vital Statistics

SEAL APR 12 1974
Date

Ret. Germanine S. Lenstrom
3872 Madison
ST-

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of TRANSAMERICA TITLE INS. CO

this 6th day of MAY A. D., 1974 at 10:52 o'clock A M., and duly recorded in Vol. M 74, of DEEDS on Page 5592

FEE $ 2.00

WM. D. MILNE, County Clerk

By [signature] Deputy