88690 OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION Vol. M-74 Page 5776

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 70 — STATE FILE NO. — DATE RECEIVED

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

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 23 yrs.; D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 2550 Reclamation

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. 2550 Reclamation

4. DATE OF DEATH: Month February; Day 19; Year 1966

5. SEX: Male

6. COLOR OR RACE: White

7. MARITAL STATUS: ☒ Married ☐ Widowed ☐ Divorced ☐ Never Married

8. SOCIAL SECURITY NO. 700-14-0727

9. USUAL OCCUPATION (Kind of work done during most of life): Conductor

10. KIND OF BUSINESS OR INDUSTRY: S.P.R.R.

11. NAME OF SPOUSE: Norma Hansen

12. DATE OF BIRTH: Month May; Day 29; Year 1912

13. AGE LAST BIRTHDAY: Yrs. 53; IF UNDER 1 YEAR: Months ——; Days ——; IF UNDER 24 HOURS: Hours ——; Minutes ——

14. BIRTHPLACE (State or Foreign Country): Roseville, California

15. WAS DECEASED A CITIZEN OF: ☒ U. S. ☐ Foreign Country ——— (Name of Country)

16. IF DECEASED WAS A VETERAN, WHAT WAR? ———

17. NAME OF FATHER: Fred A. Hansen

18. MAIDEN NAME OF MOTHER: Ryn Fisher

19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: Norma Hansen wife

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).) — Interval Between Onset and Death (Years, days, hours, etc.)

PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Acute Anterior Myocardial Infarction — hours

Conditions if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (B): Occlusion left anterior desc. Coronary — "

DUE TO (C): Severe arteriosclerotic Heart Disease — years

PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a):

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 ——; Month ——; Day ——; Year ——

27. DESCRIBE HOW INJURY OCCURRED

28. CERTIFICATE: I certify that I attended the deceased from 2-21-66 to 2-22-66 (dates). Death occurred at 9 p.m. from the causes and on the date stated above.

Performed an autopsy

► George R. Nicholson, M.D. (Signature) Ass't Med. Inv. (Title) Klamath County (Address) 2-22-66 (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE: ☒ Buried ☐ Cremated ☐ Removed ☐ other

30B. DATE: 2/23/66

30C. NAME OF CREMATORY OR CEMETERY: Klamath Memorial Park

30D. LOCATION (City or Town) State: Klamath Falls, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 2-22-66

32. REGISTRAR'S SIGNATURE: ► Marian Ackerman

33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: ► Leif W. Poverud Ward's Klamath Funeral Home Klamath Falls, Oregon

MEDICAL CERTIFICATION

MAY 9 12 22 PM 1966

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. H. Herron, M.D.
Registrar Vital Statistics

(SEAL)

By Marian Ackerman Deputy

Date February 23, 1966

Norma Smith
2550 Reclamation Ave
Klty

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Norma Smith

this 9th day of May A. D., 19 66 at 2:42 o'clock P M., and duly recorded in Vol. M-74 of Deed on Page 5776

Fee $2.00

WM. D. MILNE, County Clerk

By Diana Lowe Deputy

Cash $2.00

MAY 9 3 33 PM 1966