96803

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number — State File Number

DECEASED

1. DECEASED—NAME First: ROBERT Middle: TORSTEN Last: GUSTAFSON
2. DATE OF DEATH (month, day, year): January 6, 1975
3. RACE (White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 76
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): November 24, 1898
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): Presbyterian Intercommunity
8. STATE OF BIRTH (if not in U.S.A., name country): Sweden
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Lulu M. Gustafson
12. SOCIAL SECURITY NUMBER: 570-14-3631
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Shoe maker
13b. KIND OF BUSINESS OR INDUSTRY: Self
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): No
14e. STREET AND NUMBER OR R.F.D.: 5235 Miller Avenue
15. FATHER—NAME first middle last: Oscar — Gustafson
16. MOTHER—Maiden Name first middle last: Jennie — Svensson
17. INFORMANT—NAME and relationship to deceased: Lulu M. Gustafson (Wife)

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

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: (a) Cerebral embolus — None
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
due to, or as a consequence of: (b) C.V.D. — 2 yr
due to, or as a consequence of: (c) C.V.D. — 10 yr

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)
19a. AUTOPSY (yes or no): No
19b. If YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR A.M.
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)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year — 60 to 1-6-75; month day year — And Last Saw Him/Her Alive on: 1-6-75; I Did/Did Not view the body after death (specify): not; DEATH OCCURRED (hour): 2:40 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: [signature] M.D.
22b. NAME (type or print): M.E. Robinson, M.D. degree or title
22c. DATE SIGNED (month, day, year): 1-8-75
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2680 "A" Uhrmann Road, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): Jan. 13, 1975
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ord's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 1975
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-67

RECEIVED JAN 21 1975

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

(SEAL)

VERDON C. BOGE, M.D., Registrar Vital Statistics
By [signature], Deputy Registrar
Date JAN 10 1975
VOID IF ALTERED

STATE OF OREGON, COUNTY OF KLAMATH; ss.
Filed for record at request of Lulu M. Gustafson
this 21st day of Jan., A. D., 19 75 at 12:15 o'clock P. M., and duly recorded in
Vol. M-75, of Deed on Page 945
WM. D. MILNE, County Clerk
By [signature], Deputy
Fee $2.00

Lulu M. Gustafson
5235 Miller Ave. K.F.