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STATE OF HAWAII
DEPARTMENT OF HEALTH
RESEARCH AND STATISTICS OFFICE

CERTIFICATE OF DEATH

FILE NO. 151

DECEASED - FIRST NAME Lyle		MIDDLE NAME Edwin		LAST NAME Ingwersen		SEX Male		DATE OF DEATH December 8, 1975	
RACE Caucasian		AGE 65		DATE OF BIRTH June 10, 1930		COUNTY OF DEATH Honolulu			
CITY, TOWN, OR LOCATION OF DEATH Honolulu		HOSPITAL OR OTHER INSTITUTION 2333 Kalakana Avenue		SURVIVING SPOUSE Geraldine Mehr		MARRIED, NEVER MARRIED, DIVORCED, WIDOWED Married			
STATE OF BIRTH Iowa		CITIZENSHIP United States		KIND OF BUSINESS OR INDUSTRY Fertilizer Plant		OCCUPATION Manager			
SOCIAL SECURITY NUMBER 482 28 0932		CITY, TOWN, OR LOCATION Portsmouth		INSIDE CITY LIMITS Yes		COUNTY Iowa			
RESIDENCE STATE, IN COUNTY Iowa Shelby		CITY, TOWN, OR LOCATION Portsmouth		INSIDE CITY LIMITS Yes		COUNTY Iowa			
FATHER - FIRST NAME Edwin		MOTHER - FIRST NAME Sabel		MOTHER - LAST NAME Smith		MOTHER - MARRIED, NEVER MARRIED, DIVORCED, WIDOWED Married			
INFORMANT - NAME Mrs. Geraldine Ingwersen		RELATIONSHIP TO DECEASED Wife		RESIDENCE ADDRESS P.O. Box 52, Portsmouth, Iowa 51565		CITY, TOWN, OR LOCATION Portsmouth			
DEATH WAS CAUSED BY Heart Disease		IMMEDIATE CAUSE Myocardial Infarction		UNDERLYING CAUSE Coronary Artery Disease		OTHER CAUSES None			
CONDITIONS OF DEATH None		OTHER SIGNIFICANT CONDITIONS None		IF YES, WHAT FINDING None		AUTOPSY - YES OR NO None			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED None		DATE OF INJURY None		HOW INJURY OCCURRED None		IF YES, WHAT FINDING None			
INJURY AT WORK None		PLACE OF INJURY None		HOW INJURY OCCURRED None		IF YES, WHAT FINDING None			
LOCATION None		STREET, ROAD, OR CITY OF DEATH None		IF YES, WHAT FINDING None		AUTOPSY - YES OR NO None			
21a. CERTIFICATION - MONTH, DAY, YEAR Dec 8, 1975		21b. CERTIFICATION - MEDICAL EXAMINER OR CORONER Richard Y. K. Wong, M.D.		21c. CERTIFICATION - MEDICAL EXAMINER OR CORONER Richard Y. K. Wong, M.D.		21d. CERTIFICATION - MEDICAL EXAMINER OR CORONER Richard Y. K. Wong, M.D.			
22a. BIRTH, CREATION, REMOVAL, OR DESTRUCTION OF CREATION Removal		22b. BIRTH, CREATION, REMOVAL, OR DESTRUCTION OF CREATION Removal		22c. BIRTH, CREATION, REMOVAL, OR DESTRUCTION OF CREATION Removal		22d. BIRTH, CREATION, REMOVAL, OR DESTRUCTION OF CREATION Removal			
23a. DATE OF DEATH Dec 8, 1975		23b. DATE RECEIVED BY LOCAL REGISTRAR DEC - 9 1975		23c. DATE FILED BY STATE REGISTRAR DEC - 9 1975		23d. DATE FILED BY STATE REGISTRAR DEC - 9 1975			
24a. PERMIT NUMBER Re 601-116		24b. REGISTRAR SIGNATURE George H. Tokuyama		24c. REGISTRAR SIGNATURE George H. Tokuyama		24d. REGISTRAR SIGNATURE George H. Tokuyama			

THIS CERTIFICATE IS A TRUE AND CORRECT COPY OF THE
ORIGINAL RECORD ON FILE IN THE RESEARCH AND STATISTICS OFFICE
HAWAII STATE DEPARTMENT OF HEALTHGeorge Y. K. Wong
DIRECTOR OF HEALTHDate
Dec 10, 1975George H. Tokuyama
State Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 20 day of May, A.D., 1976 at 8:35 o'clock A.M., and duly recorded in Vol. M 76 of DEEDS on Page 7487.

FEE \$ 3.00

WM. D. MILNE, County Clerk

By Kazel Brazil Deputy