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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

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CERTIFICATE OF DEATH

Local File Number — State File Number

1. DECEASED—NAME: First: Harvey	Middle: John	Last: OVGARD		2. DATE OF DEATH (month, day, year): November 25, 1972	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 51	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.	6. DATE OF BIRTH (month, day, year): May 18, 1921
7a. COUNTY OF DEATH: Multnomah	7b. CITY, TOWN, OR LOCATION OF DEATH: Portland	7c. Inside City Limits (specify yes or no): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Veterans Administration		
8. STATE OF BIRTH (If not in U.S.A., name country): Minnesota	9. CITIZEN OF WHAT COUNTRY: U. S. A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Divorced	11. NAME OF SPOUSE: —		
12. SOCIAL SECURITY NUMBER: 559 32 9043	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Clerk - Janitor	13b. KIND OF BUSINESS OR INDUSTRY: Railroad			
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.: 3645 Laverne	
15. FATHER—NAME first middle last: Einar Ovgard	16. MOTHER—Maiden Name first middle last: Ann Ofstad (Ovgard)	17. INFORMANT—NAME and relationship to deceased: Hospital Records			

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) Basilar artery thrombosis.
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Arteriosclerosis.
due to, or as a consequence of:
(c)

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

AUTOPSY (yes or no)	IF YES were findings considered in determining cause of death
19a. Yes	19b. Yes

20a. ACCIDENT (specify yes or 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)
No		M.	
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)	
No			

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to: month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
Nov. 5, 1972	Nov. 25, 1972	Nov. 25, 1972	Did	10:05 P.M.	

22a. PHYSICIAN—SIGNATURE: James R. Orendurff — 22b. NAME (type or print) degree or Title: JAMES R. ORENDURFF, M. D. — 22c. DATE SIGNED (month, day, year): November 28, 1972

23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): Veterans Administration Hospital, Sam Jackson Park, Portland, Oregon 97207

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town, state	24d. DATE (mo., day, year)
Removal-burial	Klamath Memorial Park	Klamath Falls, Oregon	Nov. 30, 1972

25a. FUNERAL DIRECTOR—SIGNATURE: W. W. 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: [illegible] — 26b. DATE RECEIVED BY LOCAL REGISTRAR: DEC 5 1972 — 27. DATE RECEIVED BY STATE REGISTRAR: DEC 11 1972

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Ref.
Ralph Ovgard - 1839 Weand, city

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED: DECEMBER 12, 1972

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.

STATE REGISTRAR

VS-112 Rev. 7-71 SP*67315-333

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 19th day of May A.D., 19 77 at 2:04 o'clock P M., and duly recorded in Vol. M77, of DEEDS on Page 8759.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Deaver Deputy