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STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. 78 Page 9668160
CERTIFICATE OF DEATH

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Local File Number			State File Number		
DECEASED—NAME First Middle Last			DATE OF DEATH (month, day, year)		
1 <u>Herman</u>			2 <u>May 6, 1978</u>		
RACE White, Black, American Indian, etc. (specify) <u>White</u>		SEX <u>Male</u>	AGE—Last birthday (years) <u>78</u>	Under 1 year 5b mos days 5c hours min	DATE OF BIRTH (month, day, year) 3 <u>March 27, 1900</u>
COUNTY OF DEATH <u>Klamath</u>		CITY, TOWN OR LOCATION OF DEATH <u>Klamath Falls</u>		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c <u>Pres. Intercomm. Hospt.</u>	
7a <u>Klamath</u>		7b <u>Klamath Falls</u>		7d <u>Inpatient</u>	
STATE OF BIRTH (If not in U.S.A., name country) <u>Wisconsin</u>		CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		SPOUSE (IF MARRIED, WIDOWED, DIVORCED (specify)) 11 <u>Pearl L. Gisvold</u>	
SOCIAL SECURITY NUMBER 13 <u>541-09-9323</u>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <u>Paymaster</u>		KIND OF BUSINESS OR INDUSTRY 14b <u>Lumber</u>	
RESIDENCE—STATE <u>Oregon</u>		COUNTY <u>Klamath</u>	CITY, TOWN, OR LOCATION <u>Klamath Falls</u>	STREET AND NUMBER OR R.F.D., ZIP <u>97601</u>	Inside City Limits (specify yes or no) 15a <u>Yes</u>
FATHER—NAME first middle last 16 <u>John Gisvold</u>		MOTHER—Maiden Name first middle last 17 <u>Mary Lee</u>		INFORMANT—NAME and relationship to deceased 18 <u>Pearl L. Gisvold, Wife</u>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a <u>Mausoleum</u>		CEMETERY OR CREMATORY—NAME 19b <u>Eternal Hills Haven of Rest Maus.</u>		LOCATION city or town state 19c <u>Klamath Falls, Oregon</u>	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) 20a <u>Mike O'Hair</u>		NAME AND ADDRESS OF FACILITY 20b <u>O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601</u>			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) <u>Kenneth K. Magee</u>		DATE SIGNED (Mo., Day, Yr.) 21b <u>5-9-78</u>		HOUR OF DEATH 21c <u>1:30 A.</u>	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d <u>Kenneth K. Magee M.D. Medical Dentl. Bld., Klamath Falls, Oregon 97601</u>					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>MAY 9 1978</u>		REGISTRAR 22b (Signature) <u>Marion P. Conner</u>			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
(a) <u>Respiratory Arrest</u>					<u>minutes</u>
DUE TO, OR AS A CONSEQUENCE OF: (b) <u>probable intracerebral bleed</u>					<u>minutes</u>
DUE TO, OR AS A CONSEQUENCE OF: (c) <u>Circulating anticoagulants with severe hemorrhage</u>					<u>2 months</u>
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <u>Polymyositis</u>					AUTOPSY (Specify Yes or No) 24 <u>NO</u>
ACCIDENT (Specify Yes or No)					WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 (Specify Yes or No) <u>NO</u>
DATE OF INJURY (Mo., Day, Yr.) 26a		HOUR OF INJURY 26b	DESCRIBE HOW INJURY OCCURRED 26c		
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26e		LOCATION 26f	STREET OR R.F.D. NO. CITY OR TOWN STATE 26g		

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

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.

MAPJORIE S. CONER, Registrar Vital Statistics

By Marion P. Conner Deputy Registrar
Date MAY 10 1978

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of May A.D., 19 78 at 1:58 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 9668.

FEE \$3.00

WM. D. MILNE, County Clerk

By Bernice D. Black Deputy