60165

STATE OF OREGON 1978
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

5582

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78-009244

SMS-5465

Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First Allan; Middle L.; Last Alfsen			2 DATE OF DEATH (month, day, year): June 30, 1978
3 RACE (White, Black, American Indian, etc.)(specify): White	4 SEX: Male	5a AGE—Last birthday (years): 56	5b Under 1 year: mos / days; 5c Under 1 day: hours / min	6 DATE OF BIRTH (month, day, year): March 3, 1922
7a COUNTY OF DEATH: Jackson	7b CITY, TOWN OR LOCATION OF DEATH: Medford	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Rogue Valley Memorial	7d IF HOSP. OR INST. Indicate DOA or Emer. Rm. Inpatient (Specify): Inpatient
8 STATE OF BIRTH (If not in U.S.A., name country): California	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Betty	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13 SOCIAL SECURITY NUMBER: 556-28-6411	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Oil Field Operator #1	14b KIND OF BUSINESS OR INDUSTRY: Petroleum	
15a RESIDENCE—STATE: California	15b COUNTY: Santa Barbara	15c CITY, TOWN, OR LOCATION: Carpinteria	15d STREET AND NUMBER OR R.F.D., ZIP: 1446 Begonia Place 9301	15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Arthur Alfsen	17 MOTHER—Maiden Name first middle last: Mayme Woodford	18 INFORMANT—NAME and relationship to deceased: Betty Alfsen - Spouse	
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation	19b CEMETERY OR CREMATORY—NAME: Mt. View Cremortory	19c LOCATION city or town state: Ashland, Oregon	
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]: [signature]	20b NAME AND ADDRESS OF FACILITY: Perl Funeral Home, 426 West Sixth St., Medford, OR		

To Be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: [signature]

21b DATE SIGNED (Mo., Day, Yr.): 7/5/78

21c HOUR OF DEATH: 9:50 P.M.

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Nicolas Yamodis M.D., 33 North Central, Medford, Oregon 97501

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): N/A

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): JUL 05 1978

22b REGISTRAR [Signature]: [signature]

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) INTRACEREBRAL HEMORRHAGE — Interval between onset and death: 7 hours, About

DUE TO, OR AS A CONSEQUENCE OF:

(b) COMPLICATED BY HYPERTONIC HYPERTENSION INTOXICATION — Interval between onset and death: UNDETERMINED

DUE TO, OR AS A CONSEQUENCE OF:

(c) SECONDARY TO AORTIC VALVE IMPLANT (1975) — Interval between onset and death: 3 years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

26a ACCIDENT (Specify Yes or No): No	26b DATE OF INJURY (Mo., Day, Yr.): —	26c HOUR OF INJURY: — M	26d DESCRIBE HOW INJURY OCCURRED: —	24 AUTOPSY (Specify Yes or No): YES	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No):
26e INJURY AT WORK (Specify Yes or No): NO	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): —		26g LOCATION: STREET OR R.F.D. NO. — CITY OR TOWN — STATE		

RESERVED FOR REGISTRAR'S USE

Ret: Hawkins Newsted Sloan, Attny's at Law 220 S.E. H Street (P.O. Box 1476) Grants Pass, Or. 97526

VS-2 Rev-1-78 P-65412

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

DATE ISSUED AUGUST 21 1978

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

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of December A.D., 1978 at 3:01 o'clock P.M., and duly recorded in Vol. M-78 of Deeds on Page 28656.

FEE $3.00

WM. D. MILNE, County Clerk

By Jacqueline G. Weitz Deputy