63772

58

Local File Number

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

M

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CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME	First: JOHN	Middle: OLE	Last: SELSTROM	2 DATE OF DEATH (month, day, year)	February 17, 1979
3 RACE White, Black, American Indian, etc. (specify)	White	4 SEX: Male	5a AGE—Last birthday (years): 85	5b Under 1 year: mos. / days	5c Under 1 day: hours / min
6 DATE OF BIRTH (month, day, year)	May 7, 1893				
7a COUNTY OF DEATH	Klamath	7b CITY, TOWN OR LOCATION OF DEATH	Klamath Falls	7c HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	1220 Martin Street
7d IF HOSP. OR INST., indicate DOA, ER/Emer., Inp., Inpatient (Specify)					
8 STATE OF BIRTH (If not in U.S.A., name country)	Sweden	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Widowed
11 SPOUSE (IF MARRIED, WIDOWED)	Bertha Selstrom	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No		
13 SOCIAL SECURITY NUMBER	540 - 03 - 7434	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Laborer - Retired	14b KIND OF BUSINESS OR INDUSTRY	Lumber Mills
15a RESIDENCE—STATE	Oregon	15b COUNTY	Klamath	15c CITY, TOWN, OR LOCATION	Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP	1220 Martin Street 97601	15e Inside City Limits (specify yes or no)	Yes		
16 FATHER—NAME first middle last	N/R	17 MOTHER—Maiden Name first middle last	N/R	18 INFORMANT—NAME and relationship to deceased	June Sowell - Daughter
19a BURIAL, CREMATION, REMOVAL, MAUS. (specify)	Burial	19b CEMETERY OR CREMATORY—NAME	Klamath Memorial Park	19c LOCATION city or town state	Klamath Falls, Oregon
20a FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]	[signature]	20b NAME AND ADDRESS OF FACILITY	WARDS - 1945 Main - Klamath Falls, Oregon 97601		

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.]	2-16-79
21c HOUR OF DEATH	about 2:00 p M		
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]	Alden B. Glidden, M.D. / 2660 "B" Uhrmann Road / Klamath Falls, Oregon 97601		
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]			
22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	FEB 20 1979	22b REGISTRAR [Signature]	[signature]

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

PART I
(a) Probable Terminal Pneumonia — Interval between onset and death: Acute
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic Heart Dis. — Interval between onset and death: Chronic
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

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

24 AUTOPSY [Specify Yes or No]	No	25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER [Specify Yes or No]	Yes		
26a ACCIDENT [Specify Yes or No]	No	26b DATE OF INJURY [Mo, Day, Yr]		26c HOUR OF INJURY	M
26d DESCRIBE HOW INJURY OCCURRED					
26e INJURY AT WORK [Specify Yes or 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

Rt. 1 June Sowell
P.O. Box 322
Merrill Ore

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], Deputy Registrar
Date FEB 21 1979

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 9th day of March A.D., 19 79 at 1:41 o'clock P M., and duly recorded in Vol. M79, of Deeds on Page 5465.

FEE $3.00

WM. D. MILNE, County Clerk

By [signature] Deputy