74801

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

Vol. M79 Page 23261

329
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME (1) First: Wilbur	Middle: L.	Last: Jurgensen		DATE OF DEATH (month, day, year) (2)	September 24, 1979
RACE White, Black, American Indian, etc. (specify) (3)	SEX (4)	AGE—Last birthday (years) (5a)	Under 1 year: mos. (5b) / days	Under 1 day: hours (5c) / min.	DATE OF BIRTH (month, day, year) (6)
White	Male	77			October 11, 1901
COUNTY OF DEATH (7a)	CITY, TOWN OR LOCATION OF DEATH (7b)	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) (7c)			IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) (7d)
Klamath	Klamath Falls	Merle West Medical Center			D.O.A.
STATE OF BIRTH (If not in U.S.A., name country) (8)	CITIZEN OF WHAT COUNTRY (9)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) (10)	SPOUSE (IF MARRIED, WIDOWED) (11)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) (12)
Oregon	U.S.A.	Married	Ethel M. Jurgensen		No
SOCIAL SECURITY NUMBER (13)	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (14a)	KIND OF BUSINESS OR INDUSTRY (14b)			
541-09-8382	Grocery Store Owner	Retail Grocery			
RESIDENCE—STATE (15a)	COUNTY (15b)	CITY, TOWN, OR LOCATION (15c)	STREET AND NUMBER OR R.F.D., ZIP (15d)		Inside City Limits (specify yes or no) (15e)
Oregon	Klamath	Klamath Falls	1524 Gary St. 97601		No
FATHER—NAME first middle last (16)	MOTHER—Maiden Name first middle last (17)	INFORMANT—NAME and relationship to deceased (18)			
Norman Jurgensen	-	Ethel May Jurgensen, Wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) (19a)	CEMETERY OR CREMATORY—NAME (19b)	LOCATION city or town state (19c)			
Burial	Eternal Hills Memorial Gardens	Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE Or person acting As Such [Signature] (20a)	NAME AND ADDRESS OF FACILITY (20b)				
Mike Glass	O'Hair's Funeral Chapel, 515 Pine, 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.

CERTIFIER — NAME AND TITLE (Type or print) (21a) [Signature]	MAILING ADDRESS (Street, city or town, state, zip)	DATE SIGNED [Mo., Day, Yr.] (21b)	HOUR OF DEATH (21c)
Alden Glidden M.D.	2680 Uhrmann Rd., Klamath Falls, Oregon 97601	9-25-79	5:15 P. M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] (21d)

(21e)

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] (22a)	REGISTRAR (22b) [Signature]
SEP 25 1979	Marian Ackerman

PART I

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] (a)		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
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)

	AUTOPSY [Specify Yes or No] (24)	WAS CASE REFERRED TO MEDICAL EXAMINER (25) [Specify Yes or No]
	No	Yes

ACCIDENT [Specify Yes or No] (26a)	DATE OF INJURY [Mo., Day, Yr.] (26b)	HOUR OF INJURY (26c)	DESCRIBE HOW INJURY OCCURRED (26d)
		M	

INJURY AT WORK [Specify Yes or No] (26e)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] (26f)	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE (26g)

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 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 Marian Ackerman, Deputy Registrar
Date SEP 25 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 2nd day of October A.D., 19 79 at 10:22 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 23261.

FEE $3.50

WM. D. MILNE, County Clerk
By Jeneta Hitch Deputy