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

Record Klamath County

CERTIFICATE OF DEATH

Vol. 79 Page 27304

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
TRANSCRIPTIONS
SEE
HANDBOOKIF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
CERTIFICATE

POSITION:

CERTIFIER:

CONDITIONS
IF ANY
GAVE
RISE TO
FURTHER
CAUSE
AFFECTING THE
DEATH
USE LASTUSE OF
HEALTH

DECEASED—NAME		First	Middle	Last	State File Number	
1 <u>Jacob</u>						
RACE White, Black, American Indian, etc. (specify) <u>White</u>		SEX	AGE—Last birthday (years) <u>77</u>		DATE OF DEATH (month, day, year) 2 <u>November 19, 1979</u>	
COUNTY OF DEATH 7a <u>Deschutes</u>		CITY, TOWN OR LOCATION OF DEATH 7b <u>Bend</u>	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c <u>St. Charles Medical Center</u>		DATE OF BIRTH (month, day, year) 6 <u>March 14, 1902</u>	
STATE OF BIRTH (if not in U.S.A., name country) 8 <u>Idaho</u>		CITIZEN OF WHAT COUNTRY 9 <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 <u>married</u>		SPOUSE (IF MARRIED, WIDOWED) 11 <u>Rose</u>	
SOCIAL SECURITY NUMBER 13 <u>519 03 2521</u>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a <u>Millworker</u>		KIND OF BUSINESS OR INDUSTRY 14b <u>Timber</u>		IF HOSP. OR INST. indicate DOA, OP/Emg., Rem., Inpatient (Specify) 7d <u>Inpatient</u>
RESIDENCE—STATE 15a <u>Oregon</u>		COUNTY 15b <u>Klamath</u>	CITY, TOWN, OR LOCATION 15c <u>Crescent</u>	STREET AND NUMBER OR R.F.D., ZIP 15d <u>Hwy. 97</u>		INSIDE CITY LIMITS (specify yes or no) 15e <u>no</u>
FATHER—NAME first middle last 16 <u>Jacob Finstad</u>		MOTHER—Maiden Name first middle last 17 <u>Eva Spriggs</u>		INFORMANT—NAME and relationship to deceased 18 <u>Rose Finstad</u> <u>Wife</u>		LOCATION city or town state 19c <u>Bend, Oregon</u>
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a <u>Cremation</u>		CEMETERY OR CREMATORY—NAME 19b <u>Deschutes Memorial Gardens</u>		NAME AND ADDRESS OF FACILITY 20b <u>Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR 97701</u>		DATE SIGNED (Mo., Day, Yr.) 21b <u>11-19-79</u>
FUNERAL SERVICE LICENSEE or person Acting As Such (Signature) 20a <u>[Signature]</u>		NAME AND ADDRESS OF CERTIFIER [Type or Print] 21d <u>1501 N. E. Medical Center Drive Bend, OR 97701</u>		HOUR OF DEATH 21c <u>6:50 A M</u>		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a <u>November 19, 1979</u>		REGISTRAR 22b <u>[Signature]</u>				
PART I IMMEDIATE CAUSE (a) <u>Ruptured Abdominal Aortic Aneurysm</u>		(b) <u>Arterio-sclerotic cardio-vascular disease</u>		Interval between onset and death <u>minutes</u>		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				Interval between onset and death <u>6 years</u>		
ACCIDENT [Specify Yes or No] 26a	DATE OF INJURY [Mo, Day, Yr] 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		AUTOPSY [Specify Yes or No] 24 <u>no</u>	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER 25 [Specify Yes or No] <u>no</u>
INJURY AT WORK [Specify Yes or No] 26e		PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f	LOCATION 26g		STREET OR R.F.D. NO. CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

Niswonger & Reynolds, Inc.
P.O. Box 229 • Bend, Oregon 97701

VS-2 Rev-1-78 P-65412

STATE OF OREGON
COUNTY OF DESCHUTES

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Deschutes County Health Department.

SEAL

VOID IF ALTERED

Not valid without raised seal of Deschutes County Health Department
STATE OF OREGON; COUNTY OF KLAMATH; ss.I hereby certify that the within instrument was received and filed for record on the 21st day of November A.D., 1979 at 1:52 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 27304.

FEE \$3.50

WM. D. MILNE, County Clerk

By Bernetha A. Detsch Deputy

52 PM 11 NOV 1979

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