77678

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

440
Local File Number

CERTIFICATE OF DEATH

Vol. M79 Page 28060

State File Number

Field	Entry
1 Deceased—Name (First, Middle, Last)	Thelma Lorraine Augustson
2 Date of Death	November 24, 1979
3 Race	White
4 Sex	Female
5A Age—Last Birthday (Years)	62
6 Date of Birth	November 6, 1917
7A County of Death	Klamath
7B City, Town, or Location of Death	Klamath Falls
7C Hospital or Other Institution—Name	Merle West Medical Center
7D If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	D.O.A.
8 State of Birth	Oregon
9 Citizen of What Country	U.S.A.
10 Married, Never Married, Widowed, Divorced	Married
11 Spouse (If married, widowed)	Carl R. Augustson
12 Was Decedent Ever in U.S. Armed Forces?	No
13 Social Security Number	543-20-6648
14A Usual Occupation	Homemaker
14B Kind of Business or Industry	–
15A Residence—State	Oregon
15B County	Klamath
15C City, Town, or Location	Klamath Falls
15D Street and Number or R.F.D.	Rt. 5, Box 1227 ✓
15E Inside City Limits	No
16 Father—Name	Lee Jones
17 Mother—Maiden Name	Edna Mae Jones
18 Informant—Name and Relationship to Deceased	Carl R. Augustson, Husband
19A Burial, Cremation, Removal	Burial
19B Cemetery or Crematory—Name	Klamath Memorial Park
19C Location (City or Town, State)	Klamath Falls, Oregon
20A Funeral Service Licensee—Signature	[signature]
20B Name and Address of Facility	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

Certification — Medical Examiner

I certify that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:

Field	Entry
21A Death Occurred (Hour)	11:45 P. M.
21B The Decedent Was Pronounced Dead (Month, Day, Year, Hour)	Nov. 25, 1979 12:45 A. M.
21C From	Natural Causes [X] Homicide [ ] Accident [ ] Undetermined [ ] Suicide [ ] Pending [ ]
21D Certifier—Signature	[signature]
21E Name (Type or Print), Degree or Title	George R. Nicholson M.D.
21F Medical Examiner For (County)	Klamath
21G Date Signed	November 30, 1979
22A Date Received by Registrar	November 30, 1979
22B Registrar (Signature)	Marian Ackerman

23 Immediate Cause (Enter only one cause per line for (a), (b), and (c))

Part I	Cause	Interval Between Onset and Death
(a)	Probable Ventricular fibrillation	seconds
(b) Due to, or as a consequence of:	Arteriosclerotic Heart Disease	yrs
(c) Due to, or as a consequence of:		

Part II Other significant conditions — conditions contributing to death but not related to cause given in Part I (a)

24 Autopsy: No

25A Date of Injury:
25B Hour:
25C How Injury Occurred:
25D Inj. at Work:
25E Place of Injury:
25F Location:

Reserved for Registrar's Use

ORIGINAL-VITAL STATISTICS COPY

VS-107 REV. 1-78

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 DEC 3 1979
VOID IF ALTERED

3.50 csh

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 4th day of December A.D., 19 79 at 3:13 o'clock P M., and duly recorded in Vol. M79 of Deeds on Page 28060.

FEE $3.50

WM. D. MILNE, County Clerk
By [signature] Deputy