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451

CERTIFICATE OF DEATH

State File Number

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BOOK

IDENT

DEATH
CERTIFICATE
INSTRUMENT
NUMBER
1

SITATION

CERTIFIER

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DECEASED—NAME First Middle Last Martin T. Larsen		DATE OF DEATH (month, day, year) 2 December 8, 1979	
RACE White, Black, American Indian, etc. (specify) 3 White		AGE—Last birthday (years) 5a 72	Under 1 year 5b mos. days hours min.
CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) 7c Merle West Medical Center	
STATE OF BIRTH (if not in U.S.A., name country) 8 Idaho		CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married
SOCIAL SECURITY NUMBER 13 518-38-3614		SPOUSE (IF MARRIED, WIDOWED) 11 Nettie Leona Larsen	
RESIDENCE—STATE 15a Oregon		COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Chiloquin
FATHER—NAME first middle last 16 Nels Larsen		MOTHER—Maiden Name first middle last 17 Annie C. Christensen	INFORMANT—NAME and relationship to deceased 18 Nellie Leona Larsen, Wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Martin Larsen Ranch	
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature) 20a Mike O'Hair		NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Kenneth L. Tuttle		DATE SIGNED (Mo., Day, Yr.) 21b 12-10-79	
CERTIFIER—NAME AND TITLE 21d Kenneth L. Tuttle M.D.		MAILING ADDRESS (Street, city or town, state, zip) 21c 2680 Uhrmann Rd., Klamath Falls, Oregon 97601	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a DEC 12 1979		REGISTRAR 22b (Signature) Marian Ackerman	
IMMEDIATE CAUSE 23 (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 45 min	
(b) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH > 10 yrs	
(c) Chronic obstructive pulmonary disease		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 Cholesterolemia 12-7-79		AUTOPSY (Specify Yes or No) 24 No	
ACCIDENT (Specify Yes or No) 25a No		WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No) No	
INJURY AT WORK (Specify Yes or No) 26a No		PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify) 26b	
DATE OF INJURY (Mo., Day, Yr.) 26c		HOUR OF INJURY 26d	
LOCATION 26e		STREET OR R.F.D. NO. CITY OR TOWN STATE 26f	
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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date DEC 13 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 18th day of December A.D., 19 79 at 11:15 o'clock A M., and duly recorded in Vol. 79 of Deeds on Page 29008.

FEE \$3.50

WM. D. MILNE, County Clerk
By Bernetha White Deputy