90607 K-33678 '80 OCT 1 PM 2 18 Vol. M80 Page 18979

18979

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

404
Local File Number

CERTIFICATE OF DEATH

'76-017462
State File Number

DECEASED

1. DECEASED—NAME: First: Louis; Middle: I.; Last: Anderson
2. DATE OF DEATH (month, day, year): November 27, 1976
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 67
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): March 17, 1909
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): Washburn Manor
8. STATE OF BIRTH (If not in U.S.A. name country): South Dakota
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: -
12. SOCIAL SECURITY NUMBER: 389-14-4823
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Heavy Equipment Operator
13b. KIND OF BUSINESS OR INDUSTRY: Construction
14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Dairy
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R F D: P.O. Box 22
15. FATHER—NAME first middle last: Nels J. Anderson
16. MOTHER—Maiden Name first middle last: Myrtle Cornish
17. INFORMANT—NAME and relationship to deceased: Patricia Anderson, Daughter

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))
18. Immediate cause (a): Pneumonia — approximate interval between onset and death: 2 days
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last:
due to, or as a consequence of (b): CVA, Recurrent — 2 yrs
due to, or as a consequence of (c): Generalized Atherosclerosis — Unk. amt
436.9

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no): no
19b. IF YES were findings considered in determining cause of death
20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. No., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year: Jan. 18, 1976 to: month day year: Nov. 27, 1976
And Last Saw Him/Her Alive on: month day year: Nov. 16, 1976
I Did/Did Not view the body after death (specify): did not
DEATH OCCURRED (hour): 3:30 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: [signature]
22b. NAME (type or print): Blake Berven, degree or Title: M.D.
22c. DATE SIGNED (month, day, year): November 29, 1976
23. MAILING ADDRESS—PHYSICIAN: street: Medical Dentl. Bld., city or town: Klamath Falls, state: Oregon, zip: 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Lost River Cemetery
24c. LOCATION city or town: Bonanza, state: Oregon
24d. DATE (mo., day, year): 12-2-76
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: NOV 30 1976
27. DATE RECEIVED BY STATE REGISTRAR: DEC 13 1976
28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

STATE OF OREGON, County of Multnomah) ss Date Issu Sep. 29 1980

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full, and correct copy of the original certificate as the same appears on file in the Vital Records Unit of the Oregon State Health Division and in my official care and custody.

Joseph D. Carney, State Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 1st day of October A.D., 19 80 at 2:18 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 18979.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha A. Letsch Deputy

KCTC