

96662

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last KARL GUSTAV ANDERSON			DATE OF DEATH (month, day, year) 2 January 23, 1981		
RACE White; Black, American Indian, etc. (specify) White			SEX Male		AGE—Last birthday (years) 65
CITY, TOWN OR LOCATION OF DEATH Klamath Falls			HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center		IF HOSP. OR INST. Indicate DOA, OP/Emr., Am., Inpatient (Specify) DOA
STATE OF BIRTH (If not in U.S.A., name country) Sweden			CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
SOCIAL SECURITY NUMBER 261-46-4055-A			USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Lumberman - Retired		KIND OF BUSINESS OR INDUSTRY Modoc Lumber Co.
RESIDENCE—STATE Oregon			COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 607 Van Ness Avenue 97601
FATHER—NAME first middle last — — —			MOTHER—Maiden Name first middle last — — —		INFORMANT—NAME and relationship to deceased Irene Anderson (Wife)
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial			CEMETERY OR CREMATORY—NAME Klamath Memorial Park		LOCATION—City or town state Klamath Falls, Oregon 97601
FUNERAL SERVICE LICENSEE OF Person Acting As Such (Signature) <i>[Signature]</i>			NAME AND ADDRESS OF FACILITY Stard's Klamath Funeral Home Inc., Klamath Falls, Oregon 97601		
To the best of my knowledge, death occurred at the time, date and place and was due to the cause(s) stated <i>[Signature]</i> M.D.			DATE SIGNED (Mo., Day, Yr.) January 23, 1981		HOUR OF DEATH 7:45 A. M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake Berven, M.D., 2616 Clover, Klamath Falls, Oregon 97601			NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) — — —		
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 27 1981			REGISTRAR <i>[Signature]</i> Claudine Francis		
PART I—IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death		
(a) DUE TO, OR AS A CONSEQUENCE OF Acute myocardial infarction			Seconds		
(b) DUE TO, OR AS A CONSEQUENCE OF ASHD, old myocardial infarction			3 days		
(c) DUE TO, OR AS A CONSEQUENCE OF — — —			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) No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No
ACCIDENT (Specify Yes or No) No	DATE OF INJURY (Mo., Day, Yr.) — — —	HOUR OF INJURY — — —	DESCRIBE HOW INJURY OCCURRED — — —		
INJURY AT WORK (Specify Yes or No) No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) — — —	LOCATION — — —	STREET OR R.F.D. NO. — — —	CITY OR TOWN — — —	STATE — — —

RESERVED FOR REGISTRAR'S USE

Return to Mrs Irene Anderson
607 Van Ness, K Falls

HS-2 Rev-1-80

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 *Claudine Francis*, Deputy Registrar
Date **JAN 27 1981**

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

4th day of March A.D., 19 81 at 3:23 o'clock P M., and duly recorded in

Vol M81, of Deeds on page 3824.

Fee \$ 3.50

EVELYN DIEHN

COUNTY CLERK

By *Susan H. Hetcher* deputy