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CERTIFIED COPY OF DEATH RECORD

Vol. M81 Page 4074 pd

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

423
Local File Number

CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF THESE ITEMS.

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First	Middle	Last	DATE OF DEATH (month, day, year)
1 HELENA	Y.	HALVORSEN	2 March 25, 1980

RACE White, Black, American Indian, etc.(specify)	SEX	AGE—Last birthday (years)	Under 1 year mos. / days	Under 1 day hours / min.	DATE OF BIRTH (month, day, year)
3 White	4 Female	5a 68	5b	5c	6 February 19, 1912

COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
7a Marion	7b Silverton	7c Silverton Hospital	7d Inpatient

STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	SPOUSE (IF MARRIED, WIDOWED)	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Colorado	9 U.S.A.	10 Married	11 Hakon	12 No

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
13 570-20-0895	14a Housewife	14b ----

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP	Inside City Limits (specify yes or no)
15a Oregon	15b Marion	15c Silverton	15d 16808 Abiqua Rd. N.E 97381	15e No

FATHER—NAME first middle last	MOTHER—Maiden Name first middle last	INFORMANT—NAME and relationship to deceased
16 Paul Yanko	17 Karolina Ivan	18 Hakon Halvorsen -Husband

BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CREMATORY—NAME	LOCATION city or town state
19a Burial	19b St. Paul's Cemetery	19c Silverton, Oregon 97381

FUNERAL SERVICE LICENSEE Or person Acting As Such [Signature]	NAME AND ADDRESS OF FACILITY
20a [signature]	20b Unger Funeral Chapel, 229 Mill St. Silverton, Oregon 97381

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated,

21a [Signature] CERTIFIER — NAME AND TITLE (Type or print)	DATE SIGNED [Mo., Day, Yr.]	HOUR OF DEATH
21d VIRGIL E. PETTIT, M.D.	21b 25 May 80	21c 8:10 A. M

MAILING ADDRESS (Street, city or town, state, zip) 103 S. 1st St. Silverton, Oregon 97381

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

21e

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]	REGISTRAR
22a March 27, 1980	22b [Signature] Trace Tomlin

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].]

PART I (a) Acute Coronary occlusion — Interval between onset and death: 4 days

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(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] 24	WAS CASE REFERRED TO MEDICAL EXAMINER 25 [Specify Yes or No]
No	No

ACCIDENT [Specify Yes or No] 26a	DATE OF INJURY [Mo, Day, Yr] 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
INJURY AT WORK [Specify Yes or No] 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify] 26f	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g	

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-65412

81 MAR 9 PM 3 38

STATE OF OREGON
COUNTY OF MARION

S E A L
VOID IF ALTERED

DATE MAR 27 1980

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

REGISTRAR OF VITAL STATISTICS
By Trace Tomlin DEPUTY

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the 6th day of March A.D., 1981 at 3:38 o'clock P M., and duly recorded in Vol M81 of Deeds on page 4074.

Fee $3.50

EVELYN BIEHN
COUNTY CLERK
By Bernetha Hetrick Deputy