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OCT 19 PM 3 59

Vol 11-81 Page 18296

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

## VITAL RECORDS

## CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1 NAME - FIRST MIDDLE LAST

2 SEX

3 DEATH DATE (MO DAY YR)

146-8

STATE FILE NUMBER

Nels

P.

Mikkelsen

Male

Aug. 31, 1981

4 RACE (WHITE, BLACK, AM, ND, ETC SPECIFY)

5 AGE - LAST BIRTH DAY (YRS)

6 UNDER 1 YEAR

7 UNDER 1 DAY

8 BIRTHDATE (MO DAY YR)

9 COUNTY OF DEATH

White

61

Jan. 16, 1920

Clark

10 CITY, TOWN OR LOCATION OF DEATH

11 PLACE OF DEATH - CHECK TYPE OF PLACE THEN GIVE ADDRESS OR INST NAME

12 RECEIVED EMERGENCY CARE

Vancouver

Veterans Administration Medical Center(4)

No

YES/NO

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)

14 CITIZEN OF WHAT COUNTRY

15 MARRIED - NEVER MARRIED

16 SPOUSE (IF WIFE GIVE MAIDEN NAME)

17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES NO)

North Dakota

USA

Married

Elaine H. Hanson

Yes

18 SOCIAL SECURITY NO

19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)

20 KIND OF BUSINESS OR INDUSTRY

570-36-8499-A

Maintenance- Man

Public Schools

21 RESIDENCE - NUMBER AND STREET

22 CITY, TOWN OR LOCATION

23 INSIDE CITY LIMITS? (YES NO)

24 COUNTY

25 STATE

Box 56-A Harriman Rt.

Klamath Falls

No

Klamath

Oregon

26 FATHER NAME FIRST MIDDLE LAST

27 MOTHER MAIDEN NAME FIRST MIDDLE LAST

Julius

Mikkelsen

Marie Christiansen

28 INFORMANT NAME

29 MAILING ADDRESS

STREET OR RFD NO

CITY OR TOWN

STATE

ZIP

Elaine H. Mikkelsen

Box 56-A Harriman Rt. Klamath Falls, Oregon 97601

30 BURIAL CREMATION REMOVAL OTHER (SPECIFY)

31 DATE (MO DAY YR)

32 CEMETERY CREMATORY NAME

33 LOCATION CITY TOWN STATE

Burial

9/3/81

White City National Cemetery

White City, Oregon

34 FUNERAL DIRECTOR SIGNATURE

35 NAME OF FACILITY

36 ADDRESS OF FACILITY

X *Robert D. Thornton*

Evergreen Staples

4700 St. Johns Rd.

Funeral Chapel

Vancouver, Wa. 98661

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

41 ON THE BASIS OF EXAMINATION AND CRIMINAL INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE

TITLE

SIGNATURE

TITLE

X *Valerie A. I'Anson*

M.D.

X

38 DATE SIGNED (MO DAY YR)

39 HOUR OF DEATH (24 HRS)

42 DATE SIGNED (MO DAY YR)

43 HOUR OF DEATH (24 HRS)

Aug. 31, 1981

07:30AM

40 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

44 PRONOUNCED DEAD (MO DAY YR)

45 HOUR PRONOUNCED DEAD (24 HRS)

46

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

VALERIE A. I'ANSON, MD, VAMC/Vancouver Div, PO Box 1035, Portland, OR 97201

47 IMMEDIATE CAUSE

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), and (C)

INTERVAL BETWEEN ONSET AND DEATH

(A) Emphysema

20 years

DUE TO OR AS A CONSEQUENCE OF

INTERVAL BETWEEN ONSET AND DEATH

(B)

DUE TO OR AS A CONSEQUENCE OF

INTERVAL BETWEEN ONSET AND DEATH

(C)

48 OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

49 AUTOPSY? (YES NO)

50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES NO)

Yes

No

51 ACC SUICIDE HOM UNDET OR 52 INJURY DATE (MO DAY YR)

53 HOUR OF INJURY (24 HRS)

54 DESCRIBE HOW INJURY OCCURRED

PENDING INVEST (SPECIFY)

55 INJURY AT WORK? (YES NO)

56 PLACE OF INJURY - AT HOME FARM STREET FACTORY OFFICE BLDG ETC (SPECIFY)

57 LOCATION - STREET OR RFD NO, CITY/TOWN STATE

58

58 REGISTRAR SIGNATURE

59

59 DATE RECEIVED (MO DAY YR)

X

SEP 2 1981

OR STATE REGISTRAR USE ONLY

ITEM

DOCUMENTARY EVIDENCE

REVIEWED BY

DATE

ITEM

DOCUMENTARY EVIDENCE

REVIEWED BY

DATE

DSHS 9-150 (REV 1-80)

THIS IS TO CERTIFY that the foregoing is a true copy (photographic) of a record

on file with the Southwest Washington Health District, Vancouver, WA.

SEAL

SEP 3 1981

Robert D. Thornton, M.D.  
District Health Officer

By

*Lucas G. Gault*

State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

19th day of October A.D., 1981 at 3:59 o'clock P.M., and duly recorded in

Vol M-81 of Deeds on page 18296.

Fee \$4.00

EVELYN BIEHN

COUNTY CLERK

*Robert D. Thornton* deputy