

5883

CERTIFICATE OF DEATH

Vol. M81 / Page 18853

Vital Records Unit

Local File Number

State File Number

DECEASED—NAME First Middle Last OSCAR LEONARD MATSON		DATE OF DEATH (month, day, year) October 19, 1981	
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE—Last birthday (years) 73
CITY, TOWN OR LOCATION OF DEATH Merrill		DATE OF BIRTH (month, day, year) December 31, 1907	
HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 330 N. Grant St.		COUNTY OF DEATH Klamath	
STATE OF BIRTH (If not in U.S.A., name country) Sweden		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Divorced
SOCIAL SECURITY NUMBER 559 - 09 - 8391		SPOUSE (If MARRIED, WIDOWED, DIVORCED, etc. (specify)) —	
RESIDENCE—STATE Oregon		KIND OF BUSINESS OR INDUSTRY Weyerhaeuser Timber Company	
COUNTY Klamath	CITY, TOWN, OR LOCATION Merrill	STREET AND NUMBER OR R.F.D., ZIP 330 N. Grant St. 97601	
FATHER—NAME first middle last Karl Matson		MOTHER—Maiden Name first middle last Selma Fager	
BURIAL, CREMATION, REMOVAL, MAUS, (specify) Burial		CEMETERY OR CREMATORY—NAME Mt. Calvary Cemetery	
FUNERAL SERVICE LICENSEE or Person Acting As Such (Signature) James K. 2nd		NAME AND ADDRESS OF FACILITY WARD'S - 1945 Main - Klamath Falls, Oregon 97601	
21a (Signature) Steven K. Bidleman		DATE SIGNED (Mo. Day, Yr.) Oct 28	HOUR OF DEATH 4:30 A.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print) Steven K. Bidleman / 2680 Uhrmann Road / Klamath Falls, Oregon 97601		21c	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) OCT 28 1981		REGISTRAR Charles Francis	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART 1 (a) Respiratory Arrest		Interval between onset and death Immediate	
(b) Chronic Obstructive Lung Disease		Interval between onset and death 40 years	
(c)		Interval between onset and death	
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)			
Carcinoma of Prostate		AUTOPSY (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			

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 Charles Francis, Deputy Registrar

Date **OCT 28 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

28th day of October A.D., 1981 at 3:31 o'clock P M., and duly recorded in

Vol M81 of Deeds on page 18853.

Fee \$ 4.00

EVELYN BIEHN
COUNTY CLERK

By Charles Francis Deputy

HS-2 (Rev. 1-80)

Not Margaret & Franklin
PO Box 305
Merrill, OR 97633