of Oregon
ON STATE HEALTH DIVISION
rtment of Human Resources

CERTIFICATE OF DEATH

Vital Records Unit

Vol. M82 Page 17646

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

18316 36
Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First CORNELIUS; Middle RAMON; Last OLVERA

2 DATE OF DEATH (month, day, year): November 29, 1982

3 RACE (White, Black, American Indian, etc. (specify)): Mexican

4 SEX: Male

5a AGE—Last birthday (years): 66

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): September 15, 1916

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Mexico

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Helen Olvera

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 711-03-3650

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Warehouse Foreman

14b KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 5530 Sylvia Street 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first, middle, last: Senon Olvera

17 MOTHER—Maiden Name first, middle, last: Tiburcia Vargas

18 INFORMANT—NAME and relationship to deceased: Helen Olvera / Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Mt. Calvary Cemetery

19c LOCATION city or town, state: Klamath Falls, Oregon

DISPOSITION

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: James K. Ward

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Oregon 97601

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature]

21b DATE SIGNED [Mo., Day, Yr.]: November 30, 1982

21c HOUR OF DEATH: 11:36 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601

To be Completed by CERTIFYING PHYSICIAN Only

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]

REGISTRAR

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: DEC 1 1982

22b REGISTRAR [Signature]: Glenda Francis

CAUSE OF DEATH

PART I

20 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).): Acute myocardial infarction with myocardial rupture — Interval between onset and death: 15 min.

(a) 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)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

24 AUTOPSY [Specify Yes or No]: Yes

25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: Yes

ACCIDENT OR INJURY

26a ACCIDENT [Specify Yes or No]: No

26b DATE OF INJURY [Mo., Day, Yr.]:

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK [Specify Yes or No]: No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. [Specify]:

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE:

RESERVED FOR REGISTRAR'S USE

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

(SEAL)

By Glenda Francis, Deputy Registrar

Date DEC 7 1982

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 13 day of Dec. A.D., 19 82 at 1:39 o'clock P M, and duly recorded in Vol M82, of Deeds on page 17646.

EVELYN BIEHN COUNTY CLERK

by Joyce M. Thurman Deputy

Fee $ 4.00

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