CERTIFICATE OF DEATH

Vol. M82 Page 17651

State of Oregon
ON STATE HEALTH DIVISION
Department of Human Resources

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK

Local File Number 18320 of 35

State File Number

DECEDENT

1 DECEASED—NAME: First SANDY; Middle PETER; Last PETERSEN

2 DATE OF DEATH (month, day, year): November 24, 1982

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

4 SEX: Male

5a AGE—Last birthday (years): 77

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): March 24, 1905

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): Inpatient

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Marion

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

13 SOCIAL SECURITY NUMBER: 543 - 05 - 1608

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

14b KIND OF BUSINESS OR INDUSTRY: Automotive

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1029 Merryman Drive 97601

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

16 FATHER—NAME first middle last: Soren Peter Petersen

17 MOTHER—Maiden Name first middle last: Olga Jensen

18 INFORMANT—NAME and relationship to deceased: Marion Petersen / Wife

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

19b CEMETERY OR CREMATORY—NAME: Danish Cemetery

19c LOCATION city or town state: Junction City, Oregon

DISPOSITION

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Samuel Ward

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

CERTIFIER

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]: Kenneth L. Tuttle MD

21b DATE SIGNED [Mo., Day, Yr.]: 11-29-82

21c HOUR OF DEATH: 9:15 P M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Kenneth L. Tuttle, MD / 2680 "C" Uhrmann Road - Klamath Falls, Oregon

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

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

22b REGISTRAR [Signature]: Claudia Francis

CAUSE OF DEATH

PART I

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

(a) Cardiac arrest — Interval between onset and death: 5 min

DUE TO, OR AS A CONSEQUENCE OF:

(b) Arteriosclerotic heart disease — Interval between onset and death: 70 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(c) Renal failure — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Cerebrovascular accident - left side

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

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):

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.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia 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., 1982 at 2:24 o'clock P M., and duly recorded in Vol M82 of Deeds on page 17651.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce McClure deputy