

23883

CERTIFICATE OF DEATH

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Vital Records Unit

TYPE
OR PRINT
IN
PLAIN
BLACK
INK
FOR
INSTRUCTIONS
SEE
JDBOOK

EDENT
DEATH
CURIED IN
STITUTION
HANDBOOK
GARDING
PLETION OF
JENCE ITEMS

POSITION

TO BE COMPLETED BY
CERTIFYING PHYSICIAN
Only

CONDITIONS
IF ANY
HIGH GAVE
RISE TO
IMMEDIATE
CAUSE
AFFECTING THE
UNDERLYING
DISEASE LAST

USE OF
EATH

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

DECEASED—NAME First Middle Last HOMER LEE KOERTJE		State File Number	
DATE OF DEATH (month, day, year) May 11, 1983		DATE OF BIRTH (month, day, year) February 16, 1910	
1 RACE White, Black, American Indian, etc. (specify) White	2 SEX Male	3 AGE—Last birthday (years) 73	4 Under 1 year Under 1 day Under 1 day Under 1 day
5 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		6 HOSPITAL OR OTHER INSTITUTION—NAME (if not in birth or death record) Klamath Co. Nursing Hm. Inpatient	
7a STATE OF BIRTH (if not in U.S.A. name country) Missouri		7b CITIZEN OF WHAT COUNTRY U.S.A.	
8 SOCIAL SECURITY NUMBER 540-12-7759		9 MARRIED, NEVER MARRIED, WIDOWED, SEPARATED (specify) Married	
10 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Self Employed - Retired		11 SPOUSE (if married, widowed) Frances Koertje	
12 RESIDENCE—STATE Oregon		13 COUNTY Klamath	
14 CITY, TOWN, OR LOCATION Klamath Falls		15 STREET AND NUMBER OR R.F.D., ZIP 5505 Independence 97601	
16 FATHER—NAME first middle last Purl Tinsley		17 MOTHER—Maiden Name first middle last Dolly	
18 INFORMANT—NAME and relationship to deceased Frances Koertje - Wife		19 LOCATION city or town state Klamath Falls, Oregon	
20a Burial, CREMATION, REMOVAL, MAUS. (specify) Burial		20b CEMETERY OR CREMATORY—NAME Eternal Hills Memorial Gardens	
21a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Jim Lancaster		21b NAME AND ADDRESS OF FACILITY Ward's - 1945 Main St. - Klamath Falls, Oregon	
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Blake Berven		22b DATE SIGNED (Mo., Day, Yr.) May 13, 1983	
23a NAME AND ADDRESS OF CERTIFIER (Type or Print) Blake Berven, MD 2616 Clover		23b HOUR OF DEATH 5:45 A. M	
24a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAY 16 1983		24b REGISTRAR (Signature) Marian Ackerman	
25a IMMEDIATE CAUSE Pneumonia		25b Interval between onset and death 12 hrs	
26a DUE TO, OR AS A CONSEQUENCE OF: Massive CVA		26b Interval between onset and death 2 hrs	
27a DUE TO, OR AS A CONSEQUENCE OF: Generalized atherosclerosis		27b Interval between onset and death	
28a OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) No		28b AUTOPSY (Specify Yes or No) No	
29a ACCIDENT (Specify Yes or No) No		29b DATE OF INJURY (Mo., Day, Yr.) MAY 11 1983	
29c HOUR OF INJURY M 20d		29d DESCRIBE HOW INJURY OCCURRED	
29e INJURY AT WORK (Specify Yes or No) No		29f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 29g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	

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 Marian Ackerman, Deputy Registrar
Date MAY 17 1983

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 24th day of May A.D., 1983 at 2:58 o'clock P M and duly recorded in Vol 183, of deeds on page 8158

EVELYN BIEHN COUNTY CLERK
by Kate Kiers Deputy

FEE \$ 4.00