

31029

CERTIFICATE OF DEATH

Vital Records Unit

Vol. 183 Page 20382

TYPE
PRINT
IN
AMOUNT
BLACK
INK
FOR
INSTRUCTIONS
SEE
BOOK

Local File Number

State File Number

DECEASED—NAME		First	Middle	Last	DATE OF DEATH (month, day, year)	
EDITH			SOFIA	ISAACSON	2 November 21, 1983	
1 RACE White, Black, American Indian, etc. (Specify)	2 SEX	AGE—Last birthday (years)		DATE OF BIRTH (month, day, year)		
3 White	4 Female	5a 82		6 August 27, 1901		
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		COUNTY OF DEATH		
7a Klamath Falls		7b West Medical Center		7c Klamath		
STATE OF BIRTH (If not in U.S., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Finland		9 U.S.A.		10 Widowed		12 No
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13 543-07-3730		14a Housewife		14b Homemaking - At Home		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP	
15a Oregon		15b Klamath	15c Klamath Falls		15d 2327 Darrow	
FATHER—NAME		MOTHER—Maiden Name	INFORMANT—NAME and relationship to deceased			
16 Michael Norrgard		17 Sofia Hakns	18 Violet Matlick - Daughter			
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a Burial		19b Klamath Memorial Park		19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Signature)		NAME AND ADDRESS OF FACILITY				
20a Jim Lancaster		20b WARD'S - 1945 Main St. - Klamath Falls, Oregon				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a (Signature) <i>Mark S. Kochevar</i>		21b 11-22-83		21c 6:23 P. M.		
NAME AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				
21d Mark S. Kochevar, MD		1905 Main St. Klamath Falls, Ore.				
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a NOV 23 1983		22b (Signature) <i>Marian Ackerman</i>				
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death				
(a) Ventricular tachycardia		15 min				
(b) Ventricular aneurysm		10 days				
(c) Myocardial infarction, anterior		10 days				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)		
23 Anterior sclerotic heart disease		24 No		25 No		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
26a No		26b	26c	26d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO. CITY OR TOWN STATE		
26e		26f	26g			

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

Marian Ackerman, Deputy Registrar
Date

VOID IF ALTERED NOV 23 1983

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 November A.D., 1983 at 2:50 o'clock P.M., and duly recorded in Vol. 183, of Deeds on page 20382.

EVELYN BIEHN, COUNTY CLERK

by *Evelyn Biehn*, deputy

Fee \$ 4.00