

49431

Certified Copy of Death Certificate

Vol. 185 Page 8240

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

2491

LOCAL FILE NUMBER

VITAL RECORDS
CERTIFICATE OF DEATH

146-8

STATE FILE NUMBER

1 NAME FIRST, MIDDLE, LAST Max B. HANSEN		2 SEX MALE		3 DEATH DATE (MO DAY YR) Sept. 7, 1984		4 COUNTY OF DEATH Spokane	
4 RACE (WHITE, BLACK, AM IND, ETC. (SPECIFY)) White		5 AGE - LAST BIRTH DAY (YRS) 67		6 UNDER 1 YEAR MO. DAYS May 1, 1917		7 BIRTH DATE (MO DAY YR) May 1, 1917	
10 CITY, TOWN OR LOCATION OF DEATH Spokane		11 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Spokane Valley Hospital & Medical Center		12 RECEIVED EMERGENCY CARE AMBULANCE, FIRETR, PARAMED? No		13 RECEIVED EMERGENCY CARE AMBULANCE, FIRETR, PARAMED? YES/NO	
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Idaho		14 CITIZEN OF WHAT COUNTRY USA		15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		16 SPOUSE (IF WIFE GIVE MAIDEN NAME) Cecile Straurup	
18 SOCIAL SECURITY NO. 517-16-8969		19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Logger & Cat Skinner		20 KIND OF BUSINESS OR INDUSTRY Weyerhouser Corp.		21 RESIDENCE - NUMBER AND STREET S. 524 Fiske	
26 FATHER - NAME FIRST, MIDDLE, LAST Milton Hansen		27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Zilla Shelton		28 CITY/TOWN/ST. OR LOCATION Spokane		29 STATE Washington	
28 INFORMANT - NAME Cecile Hansen		29 MAKING ADDRESS S. 524 Fiske		30 CITY/TOWN/ST. OR LOCATION Spokane		31 STATE Washington	
30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial		31 DATE (MO DAY YR) Sept. 12, 1984		32 CEMETERY/CREMATORY - NAME Freeman Cemetery		33 LOCATION - CITY/TOWN, STATE Freeman Washington 99206	
34 FUNERAL DIRECTOR SIGNATURE X G. M. Mendenhall		35 NAME OF FACILITY Thornhill Valley Funeral Home		36 ADDRESS OF FACILITY S. 1400 Pines Spokane Wa.		37 ADDRESS OF FACILITY S. 1400 Pines Spokane Wa.	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED				41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED			
SIGNATURE AND TITLE X Donald L. Rowberg MD				SIGNATURE AND TITLE X			
38 DATE SIGNED (MO DAY YR) 9/11/84				39 HOUR OF DEATH (24 HRS) 2130			
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				42 DATE SIGNED (MO DAY YR)			
45 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) Donald L. Rowberg N. 1005 Pines Rd Spokane 99206				43 HOUR OF DEATH (24 HRS)			
47 IMMEDIATE CAUSE (A) Aortic				44 PRONOUNCED DEAD (MO DAY YR)			
DUE TO, OR AS A CONSEQUENCE OF:				45 HOUR PRONOUNCED DEAD (24 HRS)			
(B) GI Bleeding				46 INTERVAL BETWEEN ONSET AND DEATH			
(C) Cirrhosis				47 INTERVAL BETWEEN ONSET AND DEATH			
48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE				49 AUTOPSY? (YES/NO) NO			
51 ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (SPECIFY)				53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (YES/NO) No			
52 INJURY DATE (MO DAY YR)				54 DESCRIBE HOW INJURY OCCURRED.			
53 HOUR OF INJURY (24 HRS)				55 INJURY AT WORK? (YES/NO)			
56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC. (SPECIFY)				57 LOCATION - STREET OR RFD NO, CITY/TOWN, STATE			
58 REGISTRAR SIGNATURE M. J. Luther				59 DATE RECEIVED (MO DAY YR) SEP 12 1984			

I HEREBY CERTIFY that the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

SPOKANE COUNTY HEALTH DISTRICT
West 1101 College Avenue
Spokane, WA 99201

Health Office and Registrar

Spokane, WA May 8, 1985

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 4th day of June A.D., 1985 at 2:54 o'clock P.M., and duly recorded in Vol. 185 of Deeds on page 3249.

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 5.00

by: John Smith, Deputy

Return: Parks & Ratliff

223 North 7th St., Klamath Falls, Oregon 97601