

58089 449

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH

Vol. 1985 Page 19763

Local File Number 449

DECEASED NAME: **HAZEL OLSON**

RACE: **White** SEX: **Female** AGE: **83**

CITY, TOWN OR LOCATION OF DEATH: **Klamath Falls** HOSPITAL OR OTHER INSTITUTION: **West Medical Center**

STATE OF BIRTH: **Washington** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Divorced**

SOCIAL SECURITY NUMBER: **542-05-8759** USUAL OCCUPATION: **Clerk** SPOUSE (IF MARRIED WIDOWED): **Inpatient**

RESIDENCE-STATE: **Oregon** COUNTY: **Klamath** CITY, TOWN, OR LOCATION: **Klamath Falls** STREET AND NUMBER OR R.F.D., ZIP: **2422 Pershing Way 97603**

FATHER NAME: **Jacob** MOTHER NAME: **Anna** CEMETERY OR CREMATORY NAME: **Eternal Hills Memorial Gardens**

BURIAL, CREMATION, REMOVAL, ETC. (Specify): **Burial** NAME AND ADDRESS OF FACILITY: **Devoport's Chapel of the Good Shepherd, Klamath Falls, Oregon 97603-7194**

INFORMANT NAME and relationship to decedent: **Virginia R. Thompson, daughter**

DATE OF DEATH (month day year): **October 30, 1985** DATE OF BIRTH (month day year): **June 24, 1902** COUNTY OF DEATH: **Klamath**

WAS DECEDENT EVER IN U.S. ARMED FORCES? **No**

CERTIFIER: **F. Geoffrey Marx, MD, 2614 Clover, Klamath Falls, Oregon 97601.**

DATE RECEIVED BY REGISTRAR: **NOV 1 1985**

PART I (a) IMMEDIATE CAUSE: **Cardiac Arrest**

PART II (b) OTHER SIGNIFICANT CONDITIONS: **Coronary Artery Disease, Atrial Fibrillation**

ACCIDENT (Specify Yes or No): **No** DATE OF INJURY: **NOV 1 1985** HOUR OF INJURY: **8:00 P.M.**

INJURY AT WORK (Specify Yes or No): **No** PLACE OF INJURY: **At home** DESCRIBE HOW INJURY OCCURRED: **None**

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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 *Virginia R. Thompson* Deputy Registrar
Date *Nov 1 1985*

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.
Filed for record at request of *December* of *1985* at *8:37* o'clock *A.M.* and duly recorded in Vol. *1985* Page *19763*

FEE \$5.00

Ret: Virginia Thompson 6728 Amber
By Evelyn Biehn, County Clerk
Klamath Falls, Oregon 97603