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OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

516
Local File Number

CERTIFICATE OF DEATH

State File Number

PRINT OR TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT — IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1 DECEASED—NAME: First: Arvid; Middle: E.; Last: HAKANSON

2 DATE OF DEATH (month day year): December 11, 1985

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

4 SEX: Male

5a AGE—Last Birthday (years): 94

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month day year): June 17, 1891

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Convalescent Center

7c IF HOSP OR INST indicate DOA or Emer Rm (Inpatient) (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

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

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Natalie Hakanson

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

13 SOCIAL SECURITY NUMBER: 560-24-3265

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

14b KIND OF BUSINESS OR INDUSTRY: Southern Pacific Railroad

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 1139 Wiard Street 97603

15e Inside City Limits (Specify yes or no): No

16 FATHER NAME first middle last: Gustaf - Hakanson

17 MOTHER—first middle last (Maiden Name): Christina A. Malmquist

18 INFORMANT—NAME and relationship to deceased: Natalie Lillie Hakanson, wife

DISPOSITION

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

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION City or Town, State: Klamath Falls, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-71

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): Blake Berven

21b DATE SIGNED (Mo. Day Yr.): December 12, 1985

21c HOUR OF DEATH: 1:35 PM

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): DEC 12 1985

22b REGISTRAR (Signature): Katherine E. Crawford

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

PART I (a) Respiratory failure — Interval between onset and death: 10 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) Pneumonia — Interval between onset and death: 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(c) CVA with aspiration — Interval between onset and death: 1 month

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

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): 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

ORIGINAL—VITAL STATISTICS COPY

45-2 REV

Ret: Natalie L. Hakanson
1139 Wiard
City
516

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 Katherine E. Crawford Deputy Registrar

Date December 12, 1985

VOID IF ALTERED

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 _____ the 12th day of December A.D., 19 85 at 2:10 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 20226.

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith