	Γ 2	8	_,		DEPAR	200	F HUMAI Records		URC	N XES [			
		ile Number			CE	RTIFIC			TH		Conta	E-1- ()	
/	DECEASED NAME					Middle					State File Number  DATE OF DEATH (month, day, year)		
		Nor	man :		Herl	ert	H.	ANSEN			■ 36 1 10 ± 15 € 1.	iary 21,	
	RACE White Black America etc (specify)	an Indian	SEX	A. Carlo	AGE-	Last birinday		Joder 1 year		Under 1 day		TH (month, day,	
	3 White		4	Male	5a	72	50	CS Cays	٠	hours min	6 Dece	ember 25	. 1913
•	CITY. TOWN OR LOCATION	4 / 4 / 2	<.   (# c	not in either,	give street	and number)		nter		OPEMER AM .	ST Indicate DOA.	COUNTY OF	DEATH
	STATE OF BIRTH (If out in the country) B California	usa	CITIZEN	OF WHAT C		MARRIED, WIDOWED	NEVER MAR	RIED, (specify)		ME (IF MARRIED	D. WIDOWED)	WAS DECED ARMED FOR	ENT EVER IN U. ICEST   Spare) Yo
	SOCIAL SECURITY NUMBE	ER .		U.S.A.	UPATION (	10 Mi	arried		11 1	dna Lee	Hansen	12 NO	
	13 700–16–5524		ļ°	n Mourud III	e, even ii rei	(irea)	AK GOINE GOINS	y most	- : [				
i	RESIDENCE-STATE	COU		14a UO	nducto	OWN, OR LO	CATION	PERFET		14b South	ern Paca	lic Tra	nsportat
	15a Oregon		Klan	nath	· i _			1				/6U1_	Inside City (specify ye
	FATHER -NAME 1/15:	middie	last		1 15c 11	Clamath		15d Marden Nan		Mortim	er NAME and relate		15e Ye
	16 Fred A.	Нат	nsen	1,,	Eva			her	``~'				
'n	BURIAL CREMATION	I CE		OR CREM		ME	1,12	mer.		18 EUIIA	Lee Hans	Seri, Will	e saw
	REMOVAL MAUS. (Spec-ty)	اس	. Т.	i forms	#411a	Memoria	ol Comá	lan-					
i	FUNERAL SERVICE LICENS	SEE/Or Marson	Acting A	SASUED .	NAME AND	THE HOUSE OF	E FACULTY T	tens			l is VTama	tn rall	s, Orego Shepherd
<u>\$</u>	ற் 21a  Signature  🛊	17 hr	1	U		Soutl	20	DATE SIGN		мо. <i>Ову п</i> ј 1 <b>ry</b> 22,		HOUR OF DEAT	
To be Completed	21a   Signature  NAME AND ADDRE 21d Earle NAME OF ATTENDE 21e DATE RECEIVED BY REGIS	SS OF CERTIF	FIER (Type ernoi N IF OTH Day, 11)	DE OF PRINT! LS, MD	, 2628 ERTIFIER I	Campu:	s Drive	DATE SIGN 21b Jai 2, Klar	nue	ry 22,		21c 9:00	
To be Completed	DATE RECEIVED BY REGIS	SS OF CERTIF	FIER (Type ernoi N IF OTH Day, 11)	DE OF PRINT! LS, MD	, 2628 ERTIFIER I	Campu:	s Drive	DATE SIGN 21b Jai 2, Klar	nue	ry 22,	1986	9:00 1 97601	
To be Completed	DATE RECEIVED BY REGIS  210  DATE RECEIVED BY REGIS  224  23 IMMEDIATE CAUSE  ART (a)	SS OF CERTIE  M. LeVE  ING PHYSICIAL  STRAR (A4) 2  122  19	FIER (Type ernoi	DE OF PRINT! LS, MD	, 2628 ERTIFIER I	Campu:	s Drive	DATE SIGN 21b Jai 2, Klar	nue	ry 22,	1986	9:00 1 97601 1 Interval beh	P. M
To be Completed	DATE RECEIVED BY REGIS	SS OF CERTIE  M. LeVE  ING PHYSICIAL  STRAR (A4) 2  122  19	FIER (Type ernoi	DER THAN C	REGISTRU 220   Sign	Gampus  Type or Part  AR  JEE PER LINE	s Drive	DATE SIGN 21b Jai 2, Klar	nue	ry 22,	1986	9:00 1 97601 1 Interval beh	P. M
To be Completed	DATE RECEIVED BY REGINATE CAUSE  ART  DUE TO. OR AS A CON  (b)  Earle  PART  ART  (a)  DUE TO. OR AS A CON  (b)	SS OF CERTIE  M. Leve  M. Leve  STRAR   AA. C.  1 2 2 19  SEQUENCE O	FIER (Typernoi) Property (	DER THAN C	, 2628 ERTIFIER I	Gampus  Type or Part  AR  JEE PER LINE	s Drive	DATE SIGN 21b Jai 2, Klar	nue	ry 22,	1986	9:00 1 97601 Interval ben Interval ben Interval ben Interval ben Interval	P. M
To be Completed	DATE RECEIVED BY REGIS  210  DATE RECEIVED BY REGIS  221  DUE TO. OR AS A CON-  (b)  DUE TO. OR AS A CON-  DUE TO. OR AS A CON-	SS OF CERTIE  M. LeVE  M. LeVE  STRAR   AA. C.  1 2 2 19  SEQUENCE O	FIER (Type ernoi NIF OTH POUR P)	CO Print LS, MD LS, MD LER THAN C	REGISTRU 220   Sign	Gampus  Type or Part  AR  JEE PER LINE	s Drive	DATE SIGN 21b Jai 2, Klar	nue	ry 22,	1986	9:00 1 97601 Interval ben Interval ben Interval ben Interval ben Interval	P. M
To be Completed	DATE RECEIVED BY REGIE  22a  IMMEDIATE CAUSE  ART  DUE TO. OR AS A CONC  (c)  Earle  REARIE  ART  DUE TO. OR AS A CONC  (c)	SS OF CERTIL	FIER (Type ernoi NIF OTH POUR P)	ENTER ONL	REGISTRAL  220 [Sign  Y ONE CAL	S Campus  Type of Paril  AA  JOSE PER LINE  TO NOTE THE PER LINE	s Drive	DATE SIGN 21b Jai 2, Klar 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	mue met	ary 22, th Falls	1986 , Oregon	9:00 1 97601 Interval beh Interval beh Interval beh Interval beh 3	P. M  ween orset and o  mir /  ween orset and o  un l/m  ween orset and o  y v S
To be Completed	DATE RECEIVED BY REGIS  210  DATE RECEIVED BY REGIS  221  DUE TO. OR AS A CON-  (b)  DUE TO. OR AS A CON-  DUE TO. OR AS A CON-	SS OF CERTIL	FIER (Type ernoi NIF OTH POUR P)	ENTER ONL	REGISTRAL  220 [Sign  Y ONE CAL	S Campus  Type of Paril  AA  JOSE PER LINE  TO NOTE THE PER LINE	s Drive	DATE SIGN 21b Jai 2, Klar 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	mue met	h Falls	1986 , Oregon  Aun  Specify res	9:00 1 97601 Interval beh Interval beh Interval beh Interval beh 3	P. M  ween ornet and o  m. L. Y. J  ween orset and o  M. M. L. M  ween orset and o  M. V. S  EXAMINER NOTING
PA-	DATE RECEIVED BY REGIPLES  TO THER SIGNIFICANT  TO THE SIGNIFICANT  TO TH	SS OF CERTIE  M. LeVE  M. LeVE  STRAR   AA. C.  SEQUENCE OF  SEQUENCE OF  T CONDITIONS	FIER (Type ernoi) NIF OTH  NIF OTH  SECONDAL	DE OF FINIS  LS, MD  LER THAN C  ENTER ONL  LV C  LV C	REGISTRA 220 [Sign Y ONE CAL	S Campus Type or Arril  AR  AR  AR  AR  AR  AR  AR  AR  AR  A	S Drive	NATE SIGN 21b Jai , Klar , Klar  MAND (c). J	muat mat	Autopsy	1986 , Oregon  Authority res [	1 97601 Interval Deh Interval Deh Interval Deh Interval Deh Interval Deh WAS MEDICAL	P. M  meen omet and of  M. N. L/M  meen orset and of  M. N. L/M  meen orset and of  M. N. L/M  EXAMINE NOTI
PA TO BE COMDISSION	DATE RECEIVED BY REGINATE OF ATTENDE 216  DATE RECEIVED BY REGINATE CAUSE ART (a) CONTROL OF AS A CONTROL OTHER SIGNIFICANT OTHER SIGNIFIC	SS OF CERTIE  M. LeVE  ING PHYSICIAL  STRAR   AA. C.  1 2 2 19  SEQUENCE OF  T CONDITIONS  DI DATE OF	FIER (Type ernoi) NIF OTH  NIF OTH  SECONDAL	DE OF FINIS  LS, MD  LER THAN C  ENTER ONL  LV C  LV C	REGISTRU 220 [Sign Y ONE CAL	S Campus  Type of Paril  AA  JOSE PER LINE  TO NOTE THE PER LINE	S Drive	NATE SIGN 21b Jai , Klar , Klar  MAND [c]. J	muat mat	h Falls	1986 , Oregon  Aun  Specify res	1 97601 Interval Deh Interval Deh Interval Deh Interval Deh Interval Deh WAS MEDICAL	P. M  ween ornet and o  m. L. Y. J  ween orset and o  M. M. L. M  ween orset and o  M. V. S  EXAMINER NOTING
PA 1 A CIT	DATE RECEIVED BY REGIS  216  DATE RECEIVED BY REGIS  226  DUE TO. OR AS A CON-  (D)  DUE TO. OR AS A CON-  (C)  OTHER SIGNIFICAN  III  ACCIDENT [Specify Yes of No. 100 on No. 1	SS OF CERTIL SS OF CERTIL M. LeVE ING PHYSICIAL STRAP   A4. C 2 19 SEQUENCE O T CONDITIONS  DI DATE OF 260	FIER [7/20 ernoi NIF OTH NIF O	ENTER ONL	REGISTRAL 220 (Sign Y ONE CAL / La Juling to dea	S Campus  Type or Paril  AR  Malurel S  In pur not related  OF INJURY	S Drive	NATE SIGN 21b Jai , Klar , Klar  LINE AND [c]. J	mue met	AUTOPSY   AUTOPSY   24   1	1986  Oregon  Aun  Specify res No	1 97601  Interval Deh Interval	P. M  Meen orset and of M. I.
PA CILLIE	DATE RECEIVED BY REGINATE OF ANTION	SS OF CERTIE  M. LeVE  STRAR   M. C.  J. 22 19  SEQUENCE OF  T CONDITIONS  DATE OF  PLACE OF I  Office Duildir	FIER (Type ernoi) NIF OTH SECONDIN IN I	ENTER ONL	REGISTRAL 220 (Sign Y ONE CAL / La Juling to dea	S Campus  Type or Paril  AR  Malurel S  In pur not related  OF INJURY	S Drive  S Drive  POR (A)/(0),  Un C  Led to cause g  DESC  M 26d  LOCATION	NATE SIGN 21b Jai , Klar , Klar  LINE AND [c]. J	mue met	Autopsy	1986  Oregon  Aun  Specify res No	1 97601 Interval Deh Interval Deh Interval Deh Interval Deh Interval Deh WAS MEDICAL	P. M  ween ornet and o  m. L. Y. J  ween orset and o  M. M. L. M  ween orset and o  M. V. S  EXAMINER NOTING
PA PA LA CITTO	DATE RECEIVED BY REGIPLES  TO THER SIGNIFICANT  ACCIDENT [Specify Yes or AN)  THE PROPERTY OF AND SPECIFIC AND SPECIFICANT SPECIF	SEQUENCE O  T CONDITIONS  DIAGE OF I  Office building  SEQUENCE OF I  Office building  SEQUENCE OF I  Office building	FIER (Type ernoi) NIF OTH SECONDIN IN I	ENTER ONL	REGISTRAL 220 (Sign Y ONE CAL / La // La // La // La // HOUR	S Campus  Type or Paril  AR  Malurel S  In pur not related  OF INJURY	S Drive	NATE SIGN 21b Jai , Klar , Klar  LINE AND [c]. J	mue met	AUTOPSY   AUTOPSY   24   1	1986  Oregon  Aun  Specify res No	1 97601  Interval Deh Interval	P. M  Meen orset and of M. I.
PA 1 A CITIE TO	DATE RECEIVED BY REGINATE OF ANTION	SEQUENCE O  T CONDITIONS  DIAGE OF I  Office building  SEQUENCE OF I  Office building  SEQUENCE OF I  Office building	FIER (Type ernoi) NIF OTH SECONDIN IN I	ENTER ONL	REGISTRAL 220 (Sign Y ONE CAL / La // La // La // La // HOUR	S Campus  Type or Paril  AR  Malurel S  In pur not related  OF INJURY	S Drive  S Drive  POR (A)/(0),  Un C  Led to cause g  DESC  M 26d  LOCATION	NATE SIGN 21b Jai , Klar , Klar  LINE AND [c]. J	mue met	AUTOPSY   AUTOPSY   24   1	1986  Oregon  Aun  Specify res No	1 97601  Interval Deh Interval	P. M  Meen orset and of M. I.
PA I A CITY OF	DATE RECEIVED BY REGIPLES  TO THER SIGNIFICANT  ACCIDENT [Specify Yes or AN)  THE PROPERTY OF AND SPECIFIC AND SPECIFICANT SPECIF	SEQUENCE O  T CONDITIONS  DIAGE OF I  Office building  SEQUENCE OF I  Office building  SEQUENCE OF I  Office building	FIER (Type ernoi) NIF OTH SECONDIN IN I	ENTER ONL	REGISTRAL 220 (Sign Y ONE CAL / La // La // La // La // HOUR	S Campus  Type or Paril  AR  Malurel S  In pur not related  OF INJURY	S Drive  S Drive  POR (A)/(0),  Un C  Led to cause g  DESC  M 26d  LOCATION	NATE SIGN 21b Jai , Klar , Klar  LINE AND [c]. J	mue met	AUTOPSY   AUTOPSY   24   1	1986  Oregon  Aun  Specify res No	1 97601  Interval Deh Interval	P. M  Meen orset and of M. I.
PA I I A CITAL TO	DATE RECEIVED BY REGIPLES  TO THER SIGNIFICANT  ACCIDENT [Specify Yes or AN)  THE PROPERTY OF AND SPECIFIC AND SPECIFICANT SPECIF	SEQUENCE O  T CONDITIONS  DIAGE OF I  Office building  SEQUENCE OF I  Office building  SEQUENCE OF I  Office building	FIER (Type ernoi) NIF OTH SECONDIN IN I	ENTER ONL  LOS CONTRIBUTES  AV C  LOS CONTRIBUTES  AND Day, Y  AND Day, Y	REGISTRU  REGISTRU  220 (Sign  Y ONE CAL  / L2  / HOUR  The Cal  T	S Campus  Type or Paril  AR  Malurel S  In pur not related  OF INJURY	S Drive  S Drive  POR LAW (0),  W M C  DESC  M 26d  LOCATION  260	DATE SIGN 21b Ja: , Klar , Klar  Luxe AND (c). J	met met	AUTOPSY   AUTOPSY   24   1	1986  Oregon  Aun  Specify res No	1 97601  Interval Deh Interval	P. M  Meen orset and of M. I.

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

MARIAN ACKERMAN, Registrar Vital Statistics

Deputy Registrar

Date VOID IF

LID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT HEALTH SERVICES.

STATE OF OREGON: COUNTY OF KLAMATH: Filed for record at request of \_ the . February \_, A.D., 19 <u>86</u> at 11:12 \_ o'clock <u>A</u> \_M., and duly recorded in Vol. of \_\_\_\_Deeds on Page <u>3002</u> Evelyn Biehn, County Clerk **FEE** \$5.00 Ву 2261 South Sixth St., Klamath Falls, Omegon Return: D. L. Hoots