

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

28

Local File Number

## CERTIFICATE OF DEATH

State File Number

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

## DECEDENT

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

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1		Norman		Herbert		HANSEN		2 January 21, 1986	
RACE White, Black, American Indian, etc. (Specify)		SEX		AGE—Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3 White		4 Male		5a 72		5b mos 5c days		6 December 25, 1913	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP OR INST Indicate DOA OP Emer, Rm, Inpatient (Specify)		COUNTY OF DEATH			
7a Klamath Falls		7b Klamath Convalescent Center		7c Inpatient		7d Klamath			
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 California		9 U.S.A.		10 Married		11 Edna Lee Hansen		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					
13 700-16-5524		14a Conductor		14b Southern Pacific Transportation					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (Specify Yes or No)	
15a Oregon		15b Klamath		15c Klamath Falls		15d 133 Mortimer		15e Yes	
FATHER—NAME		MOTHER—NAME		INFORMANT—NAME and relationship to deceased					
16 Fred A. Hansen		17 Eva Fisher		18 Edna Lee Hansen, wife					
BURIAL, CREMATION, REMOVAL, MAUSOLEUM, (Specify)		CEMETERY OR CREMATION—NAME		LOCATION					
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE'S NAME (If not in U.S.A. name country)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
20a William J. Davenport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		21a January 22, 1986		21c 9:00 P.M.			
To be completed by CERTIFYING PHYSICIAN Only		NAME AND ADDRESS OF CERTIFIER (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR			
21d Earle M. LeVernois, MD, 2628 Campus Drive, Klamath Falls, Oregon 97601		21e		22a JAN 22 1986		22b Katherine E. Craven			
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death							
PART I (a) Cardiac Pump Failure		Interval between onset and death							
(b) MCA Carcinoma		Interval between onset and death							
(c) I Carcinoma RT Lung		Interval between onset and death							
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		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 No		26f		26g					

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 REV 12-83

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 Katherine E. Craven Deputy Registrar  
Date January 23, 1986  
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 20th day of February A.D., 19 86 at 11:12 o'clock A.M., and duly recorded in Vol. M86 of Deeds on Page 3002.

FEE

\$5.00

Return: D. L. Hoots 2261 South Sixth St., Klamath Falls, Oregon 97601

Evelyn Biehn,  
By Katherine E. Craven

County Clerk