

DECEASED - NAME Robert Lee Rosendahl
RACE White **SEX** Male **AGE - LAST BIRTHDAY (YEARS)** 31 **UNDER 1 YEAR** **UNDER 1 DAY**
CITY, TOWN, OR LOCATION OF DEATH Beaver Marsh **HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.)** Hwy. 97 N., Mi. Post 210 **DATE OF DEATH (MONTH, DAY, YEAR)** August 18, 1983
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Illinois **CITIZEN OF WHAT COUNTRY** U.S.A. **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)** Married **SPOUSE (IF MARRIED, WIDOWED)** Denice Chavez Rosendahl **DATE OF BIRTH (MONTH, DAY, YEAR)** September 5, 1951
SOCIAL SECURITY NUMBER 563-84-0349 **USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)** Assistant Foreman **KIND OF BUSINESS OR INDUSTRY** Railroad **COUNTY OF DEATH** Klamath
RESIDENCE - STATE California **COUNTY** Modoc **CITY, TOWN, OR LOCATION** Alturas **STREET AND NUMBER OR R.F.D.** P.O. Box 684 **INSIDE CITY LIMIT (SPECIFY YES OR NO)** Yes
FATHER - NAME FIRST MIDDLE LAST Donald Rosendahl **MOTHER - MAIDEN NAME FIRST MIDDLE LAST** Shirley Ausman **INFORMANT - NAME AND RELATIONSHIP TO DECEASED** Denice C. Rosendahl, Wife
BURIAL, CREMATION, REMOVAL, MAUS. (SPECIFY) Burial **CEMETERY OR CREMATORY - NAME** Alturas Cemetery **LOCATION - CITY OR TOWN** Alturas, California
FUNERAL SERVICE LICENSE OR OTHER AUTHORITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or
CERTIFICATION - MEDICAL EXAMINER
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:
DEATH OCCURRED (HOUR) APPROX. 2:00 A.M. **THE DECEDENT WAS PRONOUNCED DEAD** August 18, 1983 **2:25 A.M.**
21A **21B** **21C** **21D** **21E** **21F** **21G**
21C NATURAL CAUSES ACCIDENT SUICIDE
21D HOMICIDE UNDETERMINED PENDING
21E NAME - (TYPE OR PRINT) George R. Nicholson M.D. **DEGREE OR TITLE**
21F MEDICAL EXAMINER FOR: Klamath **COUNTY**
21G DATE SIGNED (MONTH, DAY, YEAR) August 19, 1983
22A DATE RECEIVED BY REGISTRAR (MO., DAY, YR.) AUG 19 1983 **REGISTRAR**
22B (SIGNATURE)
PART I **IMMEDIATE CAUSE** (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))
(A) Crushing Injuries of head **INTERVAL BETWEEN ONSET AND DEATH** 1 hour
(B) **INTERVAL BETWEEN ONSET AND DEATH**
(C) **INTERVAL BETWEEN ONSET AND DEATH**
PART II **OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)**
DATE OF INJURY (MONTH, DAY, HOUR) **HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I, OR PART II, ITEM 21)** **AUTOPSY (SPECIFY YES OR NO)** No
23A **23B** **23C** **23D** **23E** **23F**
23A INJ. AT WORK (SPECIFY YES OR NO)
23B PLACE OF INJURY AT HOME, FARM (SPECIFY)
23C LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)
23D **23E** **23F** 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 *J. Ackerman*, Deputy Registrar
 Date *August 19, 1983*
 VOID IF ALTERED
 NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.
 Filed for record at request of _____ of _____ September _____ A.D., 19 86 at 9:07 o'clock A M., and duly recorded in Vol. M36 of _____ Deeds on Page 16467.
 FEE \$5.00
 Return: Denice Crabtree Box 79, Chester, California 96020
 Evelyn Biehn, County Clerk
 By *Evelyn Biehn*