

B 2917  
ID TAG NO

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

Vol. M86 Page 165

340  
Local File Number

CERTIFICATE OF DEATH

DECEASED - NAME		First		Middle		Last		State File Number	
Kenneth		W.		ANDERSON					
RACE (Specify)		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF DEATH (month, day, year)	
White		Male		54		Under 1 day		2 September 6, 1986	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		DATE OF BIRTH (month, day, year)					
Klamath Falls		West Medical Center		July 24, 1932					
STATE OF BIRTH (if not in U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (IF MARRIED, WIDOWED)		COUNTY OF DEATH	
Washington		U.S.A.		Married		Sheila Murray		Klamath	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY				WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify yes or no)	
531-30-2794		Auto Mechanic		Self Employed				12 Yes	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Klamath		Klamath Falls		Rt 5 Box 1057A		97601	
FATHER - NAME		MOTHER - NAME		INFORMANT - NAME and relationship to deceased				Inside City Limits (Specify yes or no)	
Otto M. Anderson		Rose H. Mathews		Sheila C. Anderson, wife				15a No	
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION					
Cremation		Eternal Hills Crematory		Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE or person acting as such		NAME AND ADDRESS OF FACILITY		19c					
J. S. Stewart		Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194		19c					
20a		20b		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH			
				21b September 8, 1986		21c 11:57 P.M.			
21a (Signature)		NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		21d					
Mark S. Kochevar, MD		1905 Main Street, Klamath Falls, Oregon		21d					
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e					
		Byran J. Stuart, MD, Emergency Room, West Medical Center, Klamath Falls, Oregon		21e					
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR		22a					
SEP 8 1986				22a					
22b (Signature)		22b							
Kocher & Camacho									
23 IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)]							
(a)		Cardiac arrest							
(b)		Arterio-sclerotic heart disease							
(c)		Renal failure							
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)							
No		No							
24		25							
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	
26a		26b		26c		26d		26e	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		WAS GIFT MADE?							
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>							
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 1-88

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 Richard E. Camacho, Deputy Registrar

Date September 19, 1986

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of September A.D., 19 86 at 2:20 o'clock P M., and duly recorded in Vol. M86 day 12th of Deeds on Page 16508.

FEE \$5.00

Ret: Sheila Anderson Rt. 5, Box 1057A, Klamath Falls, Oregon 97601

Evelyn Biehn, County Clerk  
By Sam Smith