

22220

00629

ID TAG NO

86

Local File Number

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

CERTIFICATE OF DEATH

ORS - 146

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TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
TRANSCRIPTIONS
SEE
HANDBOOK

CEDENT

F DEATH
CURRED IN
STITUTION
HANDBOOK
REGARDING
PLETION OF
DENCE ITEMS

POSITION

CERTIFIER
MEDICAL
AMINERCONDITIONS
IF ANY
HIGH GAVE
RISE TO
IMMEDIATE
CAUSE
ATING THE
DERLYING
AUSE LASTUSE OF
DEATH

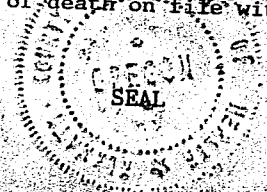
DECEASED - NAME		First		Middle		Last		State File Number	
Thelma		B.		STEYSKAL				DATE OF DEATH (month, day, year)	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE - Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
White		Female		5a 62		mos. days		March 31, 1924	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		IF HOSP. OR INST. Indicate DOA, OP/Emrg. Rm., Inpatient (specify)		COUNTY OF DEATH			
Klamath Falls		Merle West Medical Center		7c Emerg. Rm.		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)	
Oregon		U.S.A.		Married		1. Louis E. Steyskal		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					
542-22-3649		14a Agriculture Inspector		14b Agriculture					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
Oregon		Klamath		Malin		P.O. Box 133		97632	
FATHER - NAME first middle last		MOTHER - first middle last		(Maiden Name)		INFORMANT - NAME and relationship to deceased		15e Yes	
Aaron - Anderson		Evelyn -				Louis E. Steyskal, Husband			
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY - NAME		LOCATION city or town state					
Burial		Malin Community Cemetery		Malin, Oregon					
FUNERAL SERVICE LICENSEE (Signature)		NAME AND ADDRESS OF FACILITY							
Mike M.		O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.							
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)		THE DECEASED WAS PRONOUNCED DEAD		FROM:		NATURAL CAUSES ☒		ACCIDENT ☐	
21a 1:13 A.		21b Feb. 27, 1987		21c 1:13 A.		HOMICIDE ☐		SUICIDE ☐	
CERTIFIER (Signature)		DATE SIGNED (Month, Day, Year)		NAME AND TITLE - (Type or Print)		UNDETERMINED ☐		PENDING ☐	
W. J. J.		2/27/87		William A. Bartlett, M.D.					
MEDICAL EXAMINER For:		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		22b (Signature) - Rachelle E. Craven			
Klamath				February 27, 1987					
PART I		PART II							
(a) Arteriosclerotic Heart Disease		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)							
DUE TO, OR AS A CONSEQUENCE OF:									
(b) DUE TO, OR AS A CONSEQUENCE OF:									
(c) DUE TO, OR AS A CONSEQUENCE OF:									
DATE OF INJURY (Month, Day, Year)		HOUR		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)		AUTOPSY (Specify Yes or No)		No	
25a		25b		25c		24			
INJ. 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, County, State)					
25d		25e		25f					
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?									
YES ☐ NO ☒ N/A ☐									
WAS GIFT MADE?									
YES ☐ NO ☒ N/A ☐									
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-107 Rev. 1-86

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 Rachelle E. Craven, Deputy Registrar

Date February 27, 1987

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 _____
of March A.D. 19 87 at 2:57 o'clock P M., and duly recorded in Vol. M87
of Deeds on Page 3874

FEE \$5.00

Return: Louis Steyskal Box 133 Malin, Oregon 97632

Evelyn Biehn, County Clerk

By [Signature]