72820 '87 MAR 10 PM 2 57

00629 ID TAG NO.

86 Local File Number

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

Vol. M87 Page 3874

CERTIFICATE OF DEATH
ORS 146

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED — NAME: First: Thelma; Middle: B.; Last: STEYSKAL

2 DATE OF DEATH (month, day, year): February 26, 1987

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Female

5a AGE — Last birthday (years): 62; 5b Under 1 year: mos. / days; 5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): March 31, 1924

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Merle West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify): Emerg. Rm.

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Louis E. Steyskal

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No

13 SOCIAL SECURITY NUMBER: 542-22-3649

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agriculture Inspector

14b KIND OF BUSINESS OR INDUSTRY: Agriculture

15a RESIDENCE — STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN OR LOCATION: Malin

15d STREET AND NUMBER OR R.F.D.: P.O. Box 133 ZIP: 97632

15e Inside City Limits (specify yes or no): Yes

16 FATHER — NAME first middle last: Aaron - Anderson

17 MOTHER — first middle last (Maiden Name): Evelyn -

18 INFORMANT — NAME and relationship to deceased: Louis E. Steyskal, Husband

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY — NAME: Malin Community Cemetery

19c LOCATION city or town state: Malin, Oregon

POSITION

20a FUNERAL SERVICE LICENSEE (Signature) Person acting as such: [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.

CERTIFIER

MEDICAL EXAMINER

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:

21a DEATH OCCURRED (Hour): 1:13 A. M

21b THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year, Hour): Feb. 27, 1987 1:13 A. M

21c FROM: NATURAL CAUSES ☒ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED ☐ PENDING ☐

21d CERTIFIER (Signature): [signature]

21e NAME AND TITLE — (Type or Print): William A. Bartlett, M.D.

21f MEDICAL EXAMINER For: Klamath County

21g DATE SIGNED (Month, Day, Year): 2/27/87

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): February 27, 1987

22b REGISTRAR (Signature): [signature]

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).]

PART I

(a) Arteriosclerotic Heart Disease — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(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)

24 AUTOPSY (Specify Yes or No): No

25a DATE OF INJURY (Month, Day, Year)

25b HOUR

25c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 23)

25d INJ. AT WORK (Specify Yes or No)

25e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

25f LOCATION (Street or R.F.D. No., City or Town, County, State)

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.

SEAL

MARIAN ACKERMAN, Registrar Vital Statistics

By [signature], 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. the 10th day

FEE $5.00

Return: Louis Steyskal Box 133 Malin, Oregon 97632

Evelyn Biehn, County Clerk
By [signature]