

B 0790
ID TAG NO
352
Local File Number

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH
ORS - 146

State File Number

1. RACE (Specify)		KENNETH		GERARD		TORKELSON		DATE OF DEATH (month, day, year)	
2. WHITE		Male		AGE - Last birthday (years)		67		July 5, 1987	
3. CITY, TOWN OR LOCATION OF DEATH		Albany		HOSPITAL OR OTHER INSTITUTION - NAME		Albany General Hospital		DATE OF BIRTH (month, day, year)	
4. STATE OF BIRTH (if not in U.S.)		IOWA		CITIZEN OF WHAT COUNTRY		U.S.A.		April 3, 1920	
5. SOCIAL SECURITY NUMBER		479-18-9835		U.S. OCCUPATION (Give kind of work done during most of working life, specify if different)		Body Mechanic		COUNTY OF DEATH	
6. RESIDENCE - STATE		Oregon		CITY, TOWN OR LOCATION		Albany		Linn	
7. FATHER - NAME		Carl		MOTHER - first middle (Maiden Name)		Selma Skorpen		WAS DECEASED EVER IN U.S. ARMED SERVICES (Specify yes or no)	
8. REMOVAL MAUS, (Specify)		U. of O. Medical School		CITY, TOWN OR LOCATION		Portland		YES	
9. FUNERAL SERVICE LICENSEE or person acting as such		Jost Funeral Home, 777 Park Street, Lebanon, Oregon 97355		NAME AND ADDRESS OF FACILITY		Imogene Torkelson, wife		ZIP	
10. CERTIFICATE - MEDICAL EXAMINER		10:25 P. M. 21b 7-5-1987 10:25 PM		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		July 13, 1987		COUNTY	
11. DEATH OCCURRED (How)		21c 10:25 P. M. 21b 7-5-1987 10:25 PM		NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>		DATE SIGNED (month, day, year)		7-10-1987	
12. MEDICAL EXAMINER		Linn		NAME AND TITLE - (Type or Print)		DONALD T. KERR, MD.		COUNTY	
13. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		July 13, 1987		REGISTRAR		Dawn R. Walker, Deputy		COUNTY	
14. PART I		IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE FOR LINE 1 (a) AND (c)		Arteriosclerotic Heart D.S.		INTERVAL BETWEEN ONSET AND DEATH	
15. PART II		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (a)		16. DATE OF INJURY (month, day, year)		HOUR		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 23)	
17. 23a		DATE OF INJURY (month, day, year)		HOUR		HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 23)		LOCATION	
18. 23b		PLACE OF INJURY - (Specify yes or no)		23c		STREET or R.F.D. No., City or Town, County, State		AUTOPSY (Specify Yes or No)	
19. 23d		DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
20. 23e		RESERVED FOR REGISTRAR'S USE		23f		RESERVED FOR REGISTRAR'S USE		RESERVED FOR REGISTRAR'S USE	

STATE OF OREGON
COUNTY OF LINN

THIS CERTIFIES THAT THE FOREGOING IS A REPRODUCTION OF A RECORD OF DEATH ON FILE WITH THE LINN COUNTY HEALTH DEPARTMENT

Dawn R. Walker, Deputy
Deputy Registrar of Vital Statistics

Date July 13, 1987

NOT VALID WITHOUT RAISED SEAL OF LINN COUNTY HEALTH DEPARTMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of _____ July _____ A.D., 19 87 at 2:01 o'clock _____ P. M., and duly recorded in Vol. _____ M87 day _____ of _____ Deeds _____ on Page 12667

FEE \$5.00

Ret: Kenneth & Julie Torkelson

Evelyn Biehn, County Clerk
By Evelyn Biehn

26160 Greenberry Rd., Corvallis, Or. 97333