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33231
ID TAG NO.STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records UnitVol. M87 Page 13532

CERTIFICATE OF DEATH

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Local File Number

State File Number

DECEASED - NAME

First

Middle

Last

1

Amelia

Ann

NELSON

DATE OF DEATH (month, day, year)

2 July 19, 1987

2

White

4 Female

AGE - Last birthday (years)

Under 1 year

Under 1 day

5b mos

5c days

5d hours

5e min

5f

5g

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5j

5k

5l

5m

5n

5o

5p

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5bp

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5br

5bs

5bt

5bu

5bv

5bw

5bx

5by

5bz

CITY, TOWN OR LOCATION OF DEATH

7a Klamath Falls

HOSPITAL OR OTHER INSTITUTION - NAME

7b West Medical Center

STATE OF BIRTH (if not in U.S.A. name country)

8 Nebraska

CITIZEN OF WHAT COUNTRY

9 U.S.A.

SOCIAL SECURITY NUMBER

13 543-20-7010

MARIED, NEVER MARIED, WIDOWED, DIVORCED (specify)

10 Married

SPOUSE (IF MARRIED, WIDOWED)

11 Alvin W. Nelson

RESIDENCE - STATE

15a Oregon

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14a Housewife

KIND OF BUSINESS OR INDUSTRY

14b Homemaking

FATHER - NAME

15b Joseph - Kostal

CITY, TOWN OR LOCATION

15c Klamath Falls

STREET AND NUMBER OR R.F.D.

15d 1106 Kane Street

ZIP

97603

MOTHER - NAME

17 Anna - Syckor

CITY, TOWN OR LOCATION

17c Klamath Falls

STREET AND NUMBER OR R.F.D.

17d 1106 Kane Street

ZIP

97603

BURIAL, CREMATION, REMOVAL, NAUS. (specify)

19a Burial

CEMETERY OR CREMATORY - NAME

19b Eternal Hills Memorial Gardens

INFORMANT - NAME and relationship to deceased

18 Alvin W. Nelson, husband

FUNERAL SERVICE LICENSEE (Signature)

20a William J. Davenport

NAME AND ADDRESS OF FACILITY

20b Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603-7194

LOCATION

19c Klamath Falls, Oregon

To the best of my knowledge, death occurred at the time, date and place and

21a (Signature) Mark S. Kochevar

NAME TITLE AND ADDRESS OF CERTIFIER (Type or Print)

21b Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon

DATE SIGNED (Mo, Day, Year)

21c July 21, 1987

HOUR OF DEATH

21d 11:50 P.M.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21e

DATE RECEIVED BY REGISTRAR (Day, Year)

22a JUL 21 1987

REGISTRAR

22b (Signature) Michelle Batliff

PART I IMMEDIATE CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))

(a) DUE TO, OR AS A CONSEQUENCE OF

Cardiac arrest

(b) DUE TO, OR AS A CONSEQUENCE OF

Tuberculosis

(c) DUE TO, OR AS A CONSEQUENCE OF

Carcinoma of the ovary

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to those given in PART I (a)

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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 Michelle Batliff, Deputy RegistrarDate JUL 21 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 Alvin W. Nelson
of July A.D., 19 87 at 8:35 o'clock A M., and duly recorded in Vol. M87
of Deeds on Page 13532.

FEE \$5.00

Ret: Alvin Nelson

Evelyn Biehn, County Clerk

By Alvin Nelson
1106 Kane Street, Klamath Falls, Oregon 97603