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CERTIFIED COPY OF DEATH RECORD

Vol 1887 Page 19895

81147

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

REEL 580 PAGE 441

423
CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last HELENA Y. HALVORSEN			DATE OF DEATH (month, day, year) 2 March 25, 1980	
1 RACE White, Black, American Indian, etc. (specify) 3 White			2 DATE OF BIRTH (month, day, year) 6 February 19, 1912	
4 SEX 4 Female			5 AGE—Last birthday (years) 5a 68	
6 COUNTY OF DEATH 7a Marion			7b City, town or location of death 7c Silverton Hospital	
8 STATE OF BIRTH (if not in U.S.A., name country) 8 Colorado			9 U.S.A.	
10 SOCIAL SECURITY NUMBER 13 570-20-0895			11 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Housewife	
12 RESIDENCE—STATE 15a Oregon			14b CITY, TOWN, OR LOCATION 15c Silverton	
16 FATHER—NAME first middle last 16a Paul Yanko			17 MOTHER—Maiden Name first middle last 17a Karolina Ivan	
18 BIRTHAL—CREMATION, REMOVAL, MAUS: (Specify) 19a Burial			19b CEMETERY OR CREMATORY—NAME 19c St. Paul's Cemetery	
20a FUNDAMENTAL SERVICE LICENSEE OR person Acting As Such (Signature) 20a <i>Virgil E. Pettit</i>			20b NAME AND ADDRESS OF FACILITY 20c Unger Funeral Chapel, 229 Mill St. Silverton, Oregon 97381	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) 21a <i>Virgil E. Pettit</i>			21b DATE SIGNED (Mo., Day, Yr.) 21b 25 Mar 80	
21c CERTIFIER—NAME AND TITLE (Type or Print) 21c VIRGIL E. PETTIT, M.D.			21d ADDRESS (Street, city or town, state, zip) 21d 103 S. 1st St. Silverton, Oregon 97381	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a March 27, 1980			22b REGISTRAR (Signature) <i>Trace Tomlin</i>	
23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Acute Coronary occlusion			Interval between onset and death 4 days	
(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death	
24 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY [Specify Yes or No] 24 No	
25 WAS CASE REFERRED TO MEDICAL EXAMINER 25 [Specify Yes or No] 25 No				
26a ACCIDENT [Specify Yes or No]			26b DATE OF INJURY (Mo., Day, Yr.)	
26c PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			26d LOCATION	
26e INJURY AT WORK [Specify Yes or No]			26f STREET OR R.F.D. NO. CITY OR TOWN STATE	

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 P-85412

STATE OF OREGON
COUNTY OF MARION

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the MARION COUNTY HEALTH DEPARTMENT.

S. E. AD
VOID IF ALTERED
DATE MAR 27 1980REGISTRAR OF VITAL STATISTICS
By *Trace Tomlin* DEPUTY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Sherman, Bryan, Sherman & Murch, Lawyers the 3rd day of November A.D. 19 87 at 10:49 o'clock A.M., and duly recorded in Vol. 1887 of Deeds on Page 19895

FEE \$5.00

Ret: Sherman, Bryan, Sherman & Murch, Lawyers Box 2247 Salem, Oregon 97308-2247
By Evelyn Biehn, County Clerk