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ID TAG NO.STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

## CERTIFICATE OF DEATH

State File Number

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

Local File Number

## DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION,  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

## DISPOSITION

## CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH

|   |   |   |  |
|---|---|---|--|
| DECEASED - NAME<br>1 <b>LEO</b> <b>RAYMOND</b> <b>LEHTO</b>   |   | DATE OF DEATH (month, day, year)<br>2 <b>October 30, 1987</b>   |  |
| RACE (specify)<br>3 <b>White</b>  | SEX<br>4 <b>Male</b>  | AGE - Last birthday (years)<br>5a <b>74</b>   | DATE OF BIRTH (month, day, year)<br>6 <b>March 5, 1913</b>               |
| CITY, TOWN OR LOCATION OF DEATH<br>7a <b>Klamath Falls</b>  | HOSPITAL OR OTHER INSTITUTION - NAME<br>(If not in either, give street and number)<br>7b <b>Wentz West Medical Center</b> | IF HOSP. OR INST. Indicate DOA:<br>OP/Enter Rm., location (specify)<br>7c <b>ENTER ROOM</b>             |  |
| STATE OF BIRTH (if not in U.S.A.)<br>8 <b>Oregon</b>  | CITIZEN OF WHAT COUNTRY<br>9 <b>U.S.A.</b>  | MARRIED, NEVER MARRIED,<br>WIDOWED, DIVORCED (specify)<br>10 <b>Married</b>                             | SPOUSE (IF MARRIED, WIDOWED)<br>11 <b>Helmi - Pearl</b>                  |
| SOCIAL SECURITY NUMBER<br>12 <b>543-10-0213</b>   | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>13a <b>Hoister</b>              | KIND OF BUSINESS OR INDUSTRY<br>14b <b>Weyerhaeuser Lumber Co.</b>                                      |  |
| RESIDENCE - STATE<br>15a <b>Oregon</b>  | COUNTY<br>15b <b>Klamath</b>  | CITY, TOWN OR LOCATION<br>15c <b>Klamath Falls</b>  | STREET AND NUMBER OR R.F.D.<br>15d <b>1326 Siskiyou</b> ZIP <b>97601</b> |
| FATHER - NAME - first middle last<br>16a <b>Jalmar - Lehto</b>  | MOTHER - first middle last (Maiden Name)<br>16b <b>Nina - Luoma</b>   | INFORMANT - NAME and relationship to deceased<br>18 <b>Pearl Lehto - Wife</b>                           |  |
| BURIAL, CREMATION, REMOVAL, MAUS. (specify)<br>19a <b>Cremation</b>   | CEMETERY OR CREMATORY - NAME<br>19b <b>Eternal Hills Memorial Gardens</b>   | LOCATION city or town state<br>19c <b>Klamath Falls, Ore.</b>   |  |
| FUNERAL SERVICE LICENSEE or person acting as such (Signature)<br>20a <b>Jim Lancaster</b>   | NAME AND ADDRESS OF FACILITY<br>20b <b>WARD'S Funeral Home - 1945 Main St. - Klamath Falls, Ore.</b>                      |   |  |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.<br>21a (Signature) <b>Blake Beren</b>                               |   | DATE SIGNED (Mo., Day, Year)<br>21b   | HOUR OF DEATH<br>21c <b>0034</b>   |
| NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)<br>22a <b>Blake Beren, MD - 2616 Clover - Klamath Falls, Oregon</b> ZIP <b>97601</b>                                   |   | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br>22b                              |  |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Year)<br>23a <b>NOV 5 1987</b>  |   | REGISTRAR<br>23b (Signature) <b>Michelle Botteloff</b>  |  |
| PART I - IMMEDIATE CAUSE<br>(a) <b>Acute myocardial infarction</b>  |   | Interval between onset and death<br><b>10 min</b>   |  |
| (b) <b>A.S.D.</b>   |   | Interval between onset and death<br><b>5 yrs</b>  |  |
| (c) <b>Severe ischemic cardiomyopathy</b>   |   | Interval between onset and death  |  |
| PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a), (b) or (c)<br><b>Severe ischemic cardiomyopathy</b> |   | AUTOPSY (Specify Yes or No)<br>24 <b>No</b>   |  |
| ACCIDENT (Specify Yes or No)<br>25a <b>No</b>   |   | WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)<br>25 <b>Yes</b>                                      |  |
| INJURY AT WORK (Specify Yes or No)<br>26a   | DATE OF INJURY (Mo., Day, Year)<br>26b  | HOUR OF INJURY<br>26c   | DESCRIBE HOW INJURY OCCURRED<br>26d                                      |
| PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)<br>26e  | LOCATION<br>26f   | STREET OR R.F.D. NO.<br>26g   | CITY OR TOWN<br>26h  |
| DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>              |   | WAS GIFT MADE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |  |
| RESERVED FOR REGISTRAR'S USE  |   |   |  |

ORIGINAL - VITAL STATISTICS COPY

4-7 Rev. 9-85

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DATE ISSUED **NOV 5 1987**Marian Ackerman  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON, COUNTY OF KLAMATH: ss.

Filed for record at request of **Pearl Lehto** the **10th** day  
of **November** A.D. 19 **87** at **10:31** o'clock **A** M., and duly recorded in Vol. **M87**  
of **Deeds** on Page **20430**

FEE \$5.00

Ret: **Pearl Lehto** 1326 Siskiyou, Klamath Falls, Oregon 97601By **Evelyn Biehn**, County Clerk  
**Am Smith**