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Vol. 1181

Page 22155

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

Vital Records Unit

CERTIFICATE OF DEATH

A1343
ID TAG NO.

438

Local File Number

State File Number

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOKIF 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			First			Middle			Last			DATE OF DEATH (month, day, year)		
1 Joseph			Syrenius			WESTVOLD						2 November 16, 1987		
RACE White, Black, American Indian, etc. (specify)			SEX			AGE - Last birthday (years)			Under 1 year			DATE OF BIRTH (month, day, year)		
3 White			4 Male			5a 66			5b			6 September 24, 1921		
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION - NAME (if not in 4b, give street and number)			IF HOSP OR INST. indicate DOA: OP Emer, Rm, Inpatient (specify)			COUNTY OF DEATH					
7a Klamath Falls			7b Merle West Medical Center			7c Inpatient			8 Klamath					
STATE OF BIRTH (if not in U.S.A. name country)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)			SPOUSE (IF MARRIED, WIDOWED)			9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)		
8 Minnesota			9 U.S.A.			10 Married			11 Dorothy			12 Yes		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY								
13 485-14-4182			14a Civil Engineer			14b Engineering								
RESIDENCE - STATE			COUNTY			CITY, TOWN OR LOCATION			STREET AND NUMBER OR R.F.D.			ZIP		
15a Oregon			15b Klamath			15c Klamath Falls			15d 3500 Summers Ln. #51			15e 97603		
FATHER - NAME			MOTHER - NAME			INFORMANT - NAME and relationship to deceased								
16 Syvert - Westvold			17 Helga - Ostrem			18 Dorothy Westvold - wife								
BURIAL, CREMATION, REMOVAL, BAUS (specify)			CEMETERY OR CREMATORY - NAME			LOCATION								
19a Cremation			19b Klamath Cremation Service			19c Klamath Falls, Oregon								
FUNERAL SERVICE LICENSEE or person acting as such (Signature)			NAME AND ADDRESS OF FACILITY											
20a <i>[Signature]</i>			20b O'Hair's Funeral Chapel - 515 Pine St. Klamath Falls, Ore.											
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated			DATE SIGNED (Mo., Day, Year)			HOUR OF DEATH								
21a (Signature) <i>[Signature]</i>			21b 11/17/1987			21c 6:00 P. M.								
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)			ZIP											
21d Earle M. LeVernois, M.D. 2628 Campus Dr. Klamath Falls, Oregon			21e 97601											
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)														
21a														
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)			REGISTRAR											
22a NOV 18 1987			22b (Signature) <i>[Signature]</i>											
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			INTERVAL BETWEEN ONSET AND DEATH											
(a) Cardio - Pump Failure			Interval between onset and death			Termined								
(b) Meta Carcinoma			Interval between onset and death			Known 3 mos								
(c) Carcinoma of Pancreas			Interval between onset and death			Known 3 mos								
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)			WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)								
24 No			24 No			25 No								
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo., Day, Year)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED					
26a No			26b			26c			26d					
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			LOCATION			STREET OR R.F.D. NO.			CITY OR TOWN STATE		
26e			26f			26g								
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			WAS GIFT MADE?			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>					
RESERVED FOR REGISTRAR'S USE														

ORIGINAL - VITAL STATISTICS COPY

45-2 Prev. 8-86

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DATE ISSUED NOV 18 1987

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Dorothy Westvold the 10th day of December A.D., 19 87 at 11:43 o'clock A.M., and duly recorded in Vol. M87 of Deeds on Page 22155.

FEE \$5.00

Ret: Dorothy Westvold 3500 Summers Ln., #51

By Evelyn Biehn, County Clerk
[Signature]
Klamath Falls, Oregon 97603