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ID TAG NO

460

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

DATE OF DEATH (month, day, year)  
2 December 7, 1987

DATE OF BIRTH (month, day, year)  
6 January 17, 1914

1 DECEASED - NAME (First Middle Last)  
John Lawrence WESTLUND, Jr.

2 RACE (Specify)  
White  
3 SEX  
Male  
4 AGE - Last birthday (years)  
73  
5a Under 1 year mos. 5b Days 5c Under 1 day hours min.

6 CITY, TOWN OR LOCATION OF DEATH  
Klamath Falls  
7a HOSPITAL OR OTHER INSTITUTION - NAME (if not in other, give street and number)  
Merle West Medical Center  
7b IF HOSP OR INST Indicate DOA OP, Emer. Rm., Inpatient (specify)  
Emer. Rm.  
7c COUNTY OF DEATH  
Klamath

8 STATE OF BIRTH (if not in U.S.A. name country)  
California  
9 CITIZEN OF WHAT COUNTRY  
U.S.A.  
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)  
Married  
11 SPOUSE (IF MARRIED, WIDOWED)  
Frances Westlund  
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no)  
No

13 SOCIAL SECURITY NUMBER  
543-10-1150  
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Lumber Grader Supervisor  
14b KIND OF BUSINESS OR INDUSTRY  
Lumber  
15a RESIDENCE - STATE  
Oregon  
15b COUNTY  
Klamath  
15c CITY, TOWN OR LOCATION  
Klamath Falls  
15d STREET AND NUMBER OR R.F.D.  
1645 Portland Street  
15e ZIP  
97601  
16 Inside City Limits (specify yes or no)  
Yes

17 FATHER - NAME first middle last  
John Lawrence Westlund, Sr.  
18 MOTHER - first middle last (Maiden Name)  
Augusta - Holmberg  
19 INFORMANT - NAME and relationship to deceased  
Frances Westlund, wife  
20 LOCATION City or town state  
Klamath Falls, Oregon

21 BURIAL, CREMATION, REMOVAL, MAUS. (specify)  
Burial  
22 CEMETERY OR CREMATORY - NAME  
Klamath Memorial Park  
23 FUNERAL SERVICE LICENSEE OR person acting as such (Signature)  
Merrill Reid  
24 NAME AND ADDRESS OF FACILITY  
O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore. 97601

25 CERTIFICATION - MEDICAL EXAMINER  
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:  
26a DEATH OCCURRED (Hour) 2:30 A.  
26b THE DECEASED WAS PRONOUNCED DEAD (Month, Day, Year) December 7, 1987  
26c FROM:  
NATURAL CAUSES  ACCIDENT  SUICIDE   
HOMICIDE  UNDETERMINED  PENDING

27 CERTIFIER (Signature)  
M.E.  
28 NAME AND TITLE - (Type or Print)  
Dr. Jon G. McKellar, M.E.  
29 DATE SIGNED (Month, Day, Year)  
December 7, 1987

30 MEDICAL EXAMINER  
For Klamath County  
31 DATE RECEIVED BY REGISTRAR (Mo., Day, Year)  
DEC 7 1987  
32 REGISTRAR (Signature)  
Michelle Badoff

33 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)  
PART I (a) Arteriosclerotic Cardiovascular Disease  
(b) DUE TO, OR AS A CONSEQUENCE OF  
(c) DUE TO, OR AS A CONSEQUENCE OF  
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)  
24 AUTOPSY (Specify Yes or No)  
No

34 DATE OF INJURY (Month, Day, Year)  
35 HOUR  
36 HOW INJURY OCCURRED (Enter nature of injury in Part I, or Part II, item 23)

37 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)  
38 LOCATION (Street or R.F.D. No., City or Town, County, State)

39 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?  
YES  NO  N/A   
40 WAS GIFT MADE?  
YES  NO  N/A

41 RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED DEC 7 1987

Marian Ackerman  
MARIAN ACKERMAN  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 11th day of December A.D., 19 87 at 11:42 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 22228.

FEE \$5.00  
Ret: Frances Westlund 1645 Portland, Klamath Falls, Oregon 97601  
By Evelyn Biehn, County Clerk  
Ann Smith

