

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION
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09714
ID TAG NO
401

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH

86-018556

State File Number

TYPE
ON PRINT
IN
PERMANENT
RECORD
FOR
INSTRUCTIONS
SEE
HANDBOOK

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

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH CAUSE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

DECEASED - NAME			DATE OF DEATH (month, day, year)		
MILDRED GRACE LINSTER			October 13, 1986		
RACE (White, Black, American Indian, etc.)			DATE OF BIRTH (month, day, year)		
1 White			August 6, 1906		
SEX			AGE - Last birthday (years)		
2 Female			80		
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION - NAME		
3 Klamath Falls			7b Merle West Medical Center		
STATE OF BIRTH (if not in U.S. name country)			CITIZEN OF WHAT COUNTRY		
4 Iowa			5 U.S.A.		
SOCIAL SECURITY NUMBER			MARITAL STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify))		
6 543 - 30 - 9279			10 Married		
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			SPOUSE (IF MARRIED, WIDOWED)		
14a Housewife 9/14/86			11 Henry A.		
RESIDENCE - STATE			KIND OF BUSINESS OR INDUSTRY		
15a Oregon			14b At Home		
COUNTY			CITY, TOWN OR LOCATION		
15b Klamath			15c Klamath Falls		
STREET AND NUMBER OR R.F.D.			ZIP		
15d 4336 Winte Avenue			97603		
FATHER - NAME			MOTHER - first middle last (Maiden Name)		
16 James Edwin Scott			17 Helen Lytle		
INFORMANT - NAME and relationship to deceased			18 Henry A. Linster / Husband		
BURIAL, CREMATION, REMOVAL, REUSE (specify)			CEMETERY OR CREMATORY - NAME		
19a Burial			20 Eternal Hills Memorial Gardens		
FURNERAL SERVICE LICENSEE or person acting as such			NAME AND ADDRESS OF FACILITY		
21a Mark S. Kochevar, MD			WARD'S - 1945 Main - Klamath Falls, Ore. - 97601		
DATE SIGNED (Mo., Day, Year)			HOUR OF DEATH		
22b October 17, 1986			21c 10:09 M		
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)			23 Mark S. Kochevar, MD / 1905 Main Street / Klamath Falls, Ore. / 97601		
NAME OF ATTENDING PHYSICIAN (if other than certifier) (Type or Print)			24		
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)			REGISTRAR		
25a October 17, 1986			25b Herbert L. Hirst		
26 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c))			Interval between onset and death		
26a Ventricular fibrillation			minutes		
26b Myocardial Infarction			months		
26c Coronary heart disease			years		
26d Congestive heart failure			No		
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)		
26e			26f No		
WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)			26g No		
ACCIDENT (Specify Yes or No)			DATE OF INJURY (Mo., Day, Year)		
26h No			26i		
HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED		
26j			26k		
PLACE OF INJURY - As home, farm, street, factory, office building, etc. (Specify)			LOCATION		
26l			26m		
STREET OR R.F.D. NO			CITY OR TOWN		
26n			26o		
STATE			26p		
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?			WAS GIFT MADE?		
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

AFTER RECORDING RETURN TO:
Roger & Mary Wilkinson
5714 Schiesel
Klamath Falls, OR 97603

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

MAR 01 1988

DATE ISSUED _____ Herbert L. Hirst
HERBERT L. HIRST
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Company the 25th day of March A.D., 19 88 at 3:14 o'clock P M., and duly recorded in Vol. M88 of Deeds on Page 4231
Evelyn Biehn, County Clerk
By PRM Smith

FEE \$5.00