CERTIFICATION OF VITAL RECORD

37684 — I.D. TAG NO.

127 — Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

M88 Page 6121

136-

State File Number

CERTIFICATE OF DEATH

86448

1. DECEDENT'S NAME (First / Middle / Last)	Ruben	Alfrid	Gideon	PETERSON	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): April 3, 1988
4. SOCIAL SECURITY NUMBER: 543/10/1056	5a. AGE - Last Birthday (Years): 83	5b. UNDER 1 YEAR: Mos. / Days	5c. UNDER 1 DAY: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Lilö, Sweden	7. DATE OF BIRTH (Month, Day, Year): March 16, 1905	

DECEDENT

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

9a. PLACE OF DEATH (Check only one): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)

9c. FACILITY NAME (If not institution, give street and number): Merle West Medical Center

9c. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls

9e. COUNTY OF DEATH: Klamath

1 — 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Lumber Grader

10b. KIND OF BUSINESS/INDUSTRY: Lumber Mill

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married

12. SPOUSE (If Married, Widowed): Goldie C.

2 — 13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN, OR LOCATION: Klamath Falls

13d. STREET AND NUMBER: 2536 Wiard Street

3 — 13e. INSIDE CITY LIMITS? ☐ Yes ☒ No

13f. ZIP CODE: 97603

14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:

15. RACE American Indian, Black, White, etc. (Specify): White

16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 — College (1-4 or 5+):

4 — 17. FATHER - NAME first middle last: Oscar - Pettersson

18. MOTHER - NAME first middle maiden: Ingrid Christina Larsson

19. INFORMANT - NAME and relationship to deceased: Goldie C. Peterson / Wife

5 — **DISPOSITION**

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Klamath Memorial Park

20c. LOCATION - City or Town, State: Klamath Falls, Oregon

6 — 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: James L. Ward

21b. LICENSE NUMBER (Of Licensee): 3409

22. NAME, ADDRESS AND ZIP OF FACILITY: Ward's Klamath Funeral Home, 1945 Main Street, Klamath Falls, Ore. / 97601

CERTIFIER

7 — TO BE COMPLETED BY CERTIFYING PHYSICIAN

23. TIME OF DEATH: 1650 M — 24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No

25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)

8 — 26. DATE SIGNED (Month, Day, Year)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

27a. TIME OF DEATH: M — 27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M

28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature)

9 — 29. DATE SIGNED (Month, Day, Year) — COUNTY

10 — 30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): John J. Kleeman, MD / 1905 Main Street / Klamath Falls, Oregon / 97601

11 — 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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

CAUSE OF DEATH

32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest. — Interval between onset and death

PART I
(a) Myocardial infarction 2 wks. Each. — 24 hrs.
DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) HBP

PART II — OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)

33. AUTOPSY? ☐ Yes ☒ No — 34. DID AUTOPSY findings considered in determining cause of death?

13 — 35. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner

36a. DATE OF INJURY (Month, Day, Year)

36b. TIME OF INJURY: M

36c. INJURY AT WORK? ☐ Yes ☐ No

36d. DESCRIBE HOW INJURY OCCURRED

14 — 36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

15 — **REGISTRAR**

37. REGISTRAR'S SIGNATURE: Michelle Batliff

38. DATE FILED (Month, Day, Year): APR 05 1988

39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

40. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 1-88

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

DATE ISSUED APR 05 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

95-0 CA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Goldie C. Peterson the 19th day of April A.D., 19 88 at 11:37 o'clock A M., and duly recorded in Vol. M88, of Deeds on Page 6121.

Evelyn Biehn County Clerk
By Bernetha Bullock

FEE $5.00

Return to: Goldie C. Peterson--2536 Wiard--Klamath Falls, OR 97603