

CERTIFICATION OF VITAL RECORD

86448

37684

I.D. TAG NO.

127

Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit

CERTIFICATE OF DEATH

136-

Page 121

State File Number

1. DECEDENT'S NAME First: Ruben Middle: Alfrid Last: 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 Mons. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Lilö, Sweden
7. DATE OF BIRTH (Month, Day, Year) March 16, 1905			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
9a. PLACE OF DEATH (Check only one) HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ OOA OTHER: ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath			
10a. DECEDENT'S USUAL OCCUPATION (One 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.	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Klamath	
13c. CITY, TOWN, OR LOCATION Klamath Falls		13d. STREET AND NUMBER 2536 Wiard Street	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		15. RACE American Indian, Black, White, etc. (Specify) White	
16. EDUCATION (Specify highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 12			
17. FATHER - NAME first middle last Oscar - Pettersson		18. MOTHER - NAME first middle maiden Ingrid Christina Larsson	
19. INFORMANT - NAME and relationship to decedent Goldie C. Peterson / Wife			
20a. METHOD OF DISPOSITION ☐ Mausoleum ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) Klamath Memorial Park		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James J. 2nd</i>		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			
23. TIME OF DEATH 1650			
24. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No			
25. To the best of my knowledge and belief, death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>[Signature]</i>			
26. DATE SIGNED (Month, Day, Year) <i>[Signature]</i>			
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) <i>[Signature]</i>			
29. DATE SIGNED (Month, Day, Year) COUNTY			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) John J. Riegman, MD / 1905 Main Street / Klamath Falls, Oregon / 97601			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
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. PART 1 (a) Myocardial infarction c vent. tach. Interval between onset and death 2 hrs. (b) DUE TO, OR AS A CONSEQUENCE OF: (c) <i>ABP</i> Interval between onset and death PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a) 33. AUTOPSY ☐ Yes ☒ No 34. X-RAYS were findings considered in determining cause of death?			
35. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined Manner		36a. DATE OF INJURY (Month, Day, Year) 36b. TIME OF INJURY 36c. INJURY AT WORK? ☐ Yes ☒ No 36d. DESCRIBE HOW INJURY OCCURRED	
37. REGISTRAR'S SIGNATURE <i>Michelle Battiff</i>		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			

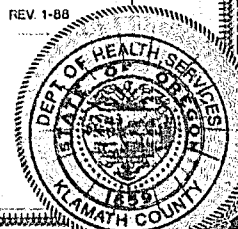
APR 19 1988



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REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED APR 05 1988

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Goldie C. Peterson the 10th 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.

FEE \$5.00

By *Bernetha Adkins*
Evelyn Biehn County Clerk

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