84-13680 ATC 32899
94304 OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION Vol. M88 Page 20055

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

84-09203

190
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME First: ROY	Middle: A.	Last: LARSEN		2 DATE OF DEATH (month day year): May 21, 1984	
3 RACE White Black American Indian etc (Specify): White	4 SEX: Male	5a AGE—Last Birthday (years): 84	5b Under 1 year mos days	5c Under 1 day hours min	6 DATE OF BIRTH (month day year): May 14, 1900
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls	7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Kl. Co. Nursing Home		7c IF HOSP OR NURSING HOME Indicate DOA OP Emergency Room Inpatient (Specify): Inpatient	7d COUNTY OF DEATH: Klamath	
8 STATE OF BIRTH (If not in U.S.A. name country): Minnesota	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	11 SPOUSE (IF MARRIED WIDOWED): Alta	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes	
13 SOCIAL SECURITY NUMBER: 543-10-1078	14a USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Millworker	779231	14b KIND OF BUSINESS OR INDUSTRY: Weyco-Timber Manufacturing		
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 2813 Homedale Road 97603	15e Inside City Limits (Specify Yes or No): No	
16 FATHER NAME first middle last: Anton - Larsen	17 MOTHER first middle last (Maiden Name): Amelia - Andersen	18 INFORMANT NAME address relationship: Alta Larsen, wife			
19a BURIAL, CREMATION, REMOVAL, OTHER: Burial	19b CEMETERY OR CREMATORY NAME: Eternal Hills Memorial Gardens	19c LOCATION: Klamath Falls, Oregon			
20a FUNERAL SERVICE LICENSEE (Signature, Address): William F. Davenport	20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97603				
To be Completed by Certifying Physician: To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature): Jon S. Wayland	21b DATE SIGNED (Mo Day Yr): 5-22-84	21c HOUR OF DEATH: 8:15 A M			
21d NAME AND ADDRESS OF CERTIFIER (Type or Print): Jon S. Wayland, MD, 2301 Mountain View Drive, Klamath Falls, Oregon 97601					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):					
22a DATE RECEIVED BY REGISTRAR (Mo Day Yr): MAY 22 1984	22b REGISTRAR (Signature): Darlene E Cramb				

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Urinary tract infection — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(b) Cancer prostate — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

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	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No
26a ACCIDENT (Specify Yes or No): No	26b DATE OF INJURY (Mo Day Yr)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	
26e INJURY AT WORK (Specify Yes or No): No	26f PLACE OF INJURY—At home farm street factory office building etc (Specify)	26g LOCATION STREET OR R F D NO CITY OR TOWN STATE		

RESERVED FOR REGISTRAR'S USE

AFTER RECORDING RETURN TO:
KLAMATH FIRST FEDERAL S&L
540 MAIN ST.
KLAMATH FALLS, OR 97601

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.

DATE ISSUED NOV 09 1988

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 28th day of Nov. A.D., 19 88 at 3:13 o'clock P.M., and duly recorded in Vol. M88, of Deeds on Page 20055.

Evelyn Biehn - County Clerk

FEE $8.00 By Darlene Mueldenaar

88 NOV 28 PM 3:13