

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

66557 I.D. TAG NO. 17		136- State File Number	
1. DECEDENT'S NAME First: <u>Nellie</u> Middle: <u>Gertrude</u> Last: <u>ANGSTEAD</u>		2. SEX <u>F</u>	3. DATE OF DEATH (Month, Day, Year) <u>January 15, 1990</u>
4. SOCIAL SECURITY NUMBER <u>540-26-3717</u>		5a. AGE - Last Birthday (Years) <u>82</u>	5b. Under 1 Year Mos. <u> </u> Days <u> </u> Hours <u> </u> Mins. <u> </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Lakeview, Oregon</u>		7. DATE OF BIRTH (Month, Day, Year) <u>August 13, 1907</u>	
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) <u>Foster Home</u>			
8b. COUNTY OF DEATH <u>Klamath</u>			
9. FACILITY NAME (If not institution, give street and number) <u>Applegate House, 1431 Avalon</u>			
10. KIND OF BUSINESS/INDUSTRY <u>Retail Sales</u>			
11. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify) <u>Married</u>			
12. SPOUSE (If Married, Widowed) <u>Paul D.</u>			
13a. RESIDENCE - STATE <u>Oregon</u>			
13b. COUNTY <u>Klamath</u>			
13c. CITY, TOWN, OR LOCATION <u>Klamath Falls</u>			
13d. STREET AND NUMBER <u>1208 Pacific Terrace</u>			
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: <u> </u>			
15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>			
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>2</u> College (14 or 5+) <u> </u>			
17. FATHER - NAME first middle last <u>Rolla McDonald</u>			
18. MOTHER - NAME first middle last <u>Anna Schlegel</u>			
19. INFORMANT - NAME and relationship to deceased <u>Paul D. Angstead, husband</u>			
20. LOCATION - City or Town, State <u>Klamath Falls, OR 97603</u>			
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u> </u>			
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194</u>			
23. DATE FILED (Month, Day, Year) <u>JAN 16 1990</u>			
24. REGISTRAR'S SIGNATURE <u>Nancy Kennedy</u>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A			
27. TIME OF DEATH <u>0220 A</u>			
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>Mark S. Kochevar MD</u>			
30. DATE SIGNED (Month, Day, Year) <u>January 16, 1990</u>			
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Mark S. Kochevar, MD, 1905 Main Street, Klamath Falls, Oregon 97601</u>			
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u> </u>			
33. 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. (a) <u>Respiratory arrest</u> (b) <u>Chronic alcoholism</u> (c) <u> </u>			
34. INTERVAL BETWEEN ONSET AND DEATH <u> </u>			
35. INTERVAL BETWEEN ONSET AND DEATH <u> </u>			
36. INTERVAL BETWEEN ONSET AND DEATH <u> </u>			
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk			
38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide			
41a. DATE OF INJURY (Month, Day, Year) <u> </u>			
41b. TIME OF INJURY <u> </u>			
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
41d. DESCRIBE HOW INJURY OCCURRED <u> </u>			
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <u> </u>			
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <u> </u>			

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 JAN 16 1990Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Paul Angstead the 29th day
of Jan. A.D., 19 90 at 11:15 o'clock AM., and duly recorded in Vol. M90
of Deeds on Page 1941.Evelyn Biehn - County Clerk
By Donna A. Verling

FEE \$8.00

Return: Paul Anstead
1208 Pacific Terrace, Klamath Falls, Or. 97601