

079715
I.D. TAG NO.

372
Local File Number

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

136-

State File Number

DECEDENT

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PARENTS

DISPOSITION

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9

REGISTRAR

CERTIFIER

12

13

14

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

CAUSE OF DEATH

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1. DECEDENT'S NAME First: Theodore H. Last: HANSEN		2. SEX M	3. DATE OF DEATH (Month, Day, Year) August 28, 1990
4. SOCIAL SECURITY NUMBER 387-10-1340		5a. AGE - Last Birthday (Year) 79	5b. Under 1 Year Mos. Days Hours Mins.
6. BIRTHPLACE (City and State or Foreign Country) Tomahawk, Wisconsin		7. DATE OF BIRTH (Month, Day, Year) December 21, 1910	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Etc Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Plum Ridge Care Center		9c. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
9d. COUNTY OF DEATH Klamath		11. MARITAL STATUS - Married Never Married, Widowed, Divorced (Specify) Married	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farm/Ranch Manager		10b. KIND OF BUSINESS/INDUSTRY Farming/Ranching	
10c. CITY, TOWN, OR LOCATION Oregon Klamath		10d. STREET AND NUMBER 1829 Lakeview Street	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13b. ZIP CODE 97601	
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:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 12		17. FATHER - NAME first middle last Theodore J. Hansen	
18. MOTHER - NAME first middle maiden Lena W. Bettin		19. INFORMANT - NAME and relationship to deceased Katherine M. Hansen, wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (Of Licensee) 3287	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, OR 97601		23. DATE FILED (Month, Day, Year) AUG 30 1990	
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 9:20 A. M. <input type="checkbox"/> P. M. <input checked="" type="checkbox"/> No	
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) <i>Gerald R. Hartmann M.D.</i>	
30. DATE SIGNED (Month, Day, Year) August 30, 1990		31a. TIME OF DEATH M	
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)	
33. DATE SIGNED (Month, Day, Year) August 30, 1990		34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Gerald R. Hartmann, M.D., 2604 Clover Street, Klamath Falls, Oregon 97601	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		36. 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) <i>Multi-organ failure & dehydration</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Septicemic cardiogenic syndrome</i> OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I	
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		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 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"/> Homicide <input type="checkbox"/> Legal Intervention	
41a. DATE OF BURIAL Month, Day, Year		41b. TIME OF BURIAL M <input type="checkbox"/> P <input type="checkbox"/> No	
41c. BURIAL AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41d. DESCRIBE HOW INJURY OCCURRED	
41e. PLACE OF BURIAL - At home, farm, street, factory, office, building, etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

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

DATE ISSUED AUG 30 1990

Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Katherine Hansen the 4th day
of Sept. A.D., 19 90 at 1:01 o'clock P.M., and duly recorded in Vol. M90
of Deeds on Page 17642

Evelyn Biehn County Clerk

FEE \$8.00

Return: Katherine Hansen
1829 Lakeview, Klamath Falls, Or. 97601