

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

D-1650
I.D. TAG NO.
41
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit
CERTIFICATE OF DEATH 136- State File Number **88-006903**

1 DECEASED'S NAME First **Nicholas** Last **ANDERSON**

2 SEX **M** **3 DATE OF DEATH (Month, Day, Year)** **April 13, 1988**

4 SOCIAL SECURITY NUMBER **543/07/8859** **5a AGE - Last Birthday (Month)** **80** **5b UNDER 1 YEAR** **Days** **Hours** **Minutes** **5c PLACE OF DEATH (City and State or Foreign)** **Arlington, Ca.** **7 DATE OF BIRTH (Month, Day, Year)** **Jan. 05, 1908**

8 WAS DECEASED EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No **9a PLACE OF DEATH (Check only one)** ☐ Quilts ☐ Nursing Home ☐ Decedent's Residence ☐ Other (Specify)

10 FACILITY NAME (If not residence, give street and number) **2844 Summers Lane** **11a CITY, TOWN, OR LOCATION OF DEATH** **Klamath Falls** **11b COUNTY OF DEATH** **Klamath**

12 DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use abbrev.) **Tree Faller** **13a KIND OF BUSINESS/INDUSTRY** **Timber Company** **14 MARITAL STATUS - Married** **15 SPOUSE (If Married, Name)** **Ruth**

16 RESIDENCE - STATE **Oregon** **17a COUNTY** **Klamath** **17b CITY, TOWN, OR LOCATION** **Klamath Falls** **18a STREET AND NUMBER** **2844 Summers Lane**

19 DECEASED'S EDUCATION (Specify only highest grade completed) **12** **20 RACE American Indian** **White** **21 DECEASED'S BIRTH DATE** **Jan. 05, 1908**

22 FATHER'S NAME **Fred - Anderson** **23 MOTHER'S NAME** **Anna - Peterson** **24 DECEASED'S NAME** **Nicholas Anderson**

25a PLACE OF DISPOSITION, Name of cemetery, community, or other place **Eternal Hills Memorial Gardens** **25b LOCATION** **Klamath Falls, Oregon**

26a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSONIFYING AS SUCH **26b LICENSE NUMBER** **3409** **27 NAME, ADDRESS AND ZIP OF FACILITY** **Ward's Klamath Funeral Home**
1945 Main Street
Klamath Falls, Ore. / 97601

28 TIME OF DEATH **1600** **29 DATE PHONOUNCED DEAD (Month, Day, Year)** **April 15, 1988**

30 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (If not present, name of attending physician) **Everett E. Howard, MD / 2622 Campus Dr. / Klamath Falls, Ore. / 97601**

31 NAME OF ATTENDING PHYSICIAN (If other than certifying examiner, if present)

32 IMMEDIATE CAUSE (Immediate cause and cause of death, if different) **Ischemic Heart Disease**

33 DUE TO (Or as a consequence of) **Arteriosclerosis**

34 DUE TO (Or as a consequence of) **Other**

35 OTHER SIGNIFICANT COMMENTS

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