

# CERTIFICATION OF VITAL RECORD

OREGON HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS

23943

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Vol. m90 Page 25187

87-003546

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

## CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK  
C1

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

### DISPOSITION

### CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STAYING THE  
UNDERLYING  
CAUSE LAST

### CAUSE OF DEATH

DECEASED - NAME First Middle Last <b>OSCAR DANIEL RYLANDER</b>		DATE OF DEATH (month, day, year) <b>2 February 13, 1987</b>	
RACE (White, Black, American Indian, etc. (specify)) <b>White</b>		DATE OF BIRTH (month, day, year) <b>6 February 16, 1897</b>	
SEX <b>Male</b>		COUNTY OF DEATH <b>Klamath</b>	
CITY, TOWN OR LOCATION OF DEATH <b>Klamath Falls</b>		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) <b>Merle West Medical Center</b>	
STATE OF BIRTH (if not in U.S. name country) <b>Sweden</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
SOCIAL SECURITY NUMBER <b>536 - 07 - 2502</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	
RESIDENCE - STATE <b>Oregon</b>		SPOUSE (if married, widowed) <b>Ethel</b>	
COUNTY <b>Klamath</b>		KIND OF BUSINESS OR INDUSTRY <b>Weyerhaeuser Lumber Co.</b>	
CITY, TOWN OR LOCATION <b>Klamath Falls</b>		STREET AND NUMBER OR R.F.D. <b>1403 Division Street</b>	
ZIP <b>97601</b>		INSIDE CITY LIMITS (specify yes or no) <b>Yes</b>	
FATHER - NAME first middle last <b>Lars Rylander</b>		MOTHER - first middle last (Maiden Name) <b>Eda Swanson</b>	
BURIAL, CREMATION, REMOVAL, MAUS. (specify) <b>Burial</b>		CEMETERY OR CREMATORY - NAME <b>Klamath Memorial Park</b>	
FURNERAL SERVICE LICENSEE or person acting as such (Signature) <b>Jim Lancaster</b>		NAME AND ADDRESS OF FACILITY <b>Ward's / 1945 Main St. / Klamath Falls, Ore. 97601</b>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) <b>February 18, 1987</b>		REGISTRAR <b>Edward J. Johnson</b>	
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF <b>Cardio Resp. arrest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF <b>Congestive heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>	
(c) DUE TO, OR AS A CONSEQUENCE OF <b>ASIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) <b>No</b>	
ACCIDENT (Specify Yes or No) <b>No</b>		DATE OF INJURY (Mo., Day, Year) <b>2-17-87</b>	
HOUR OF INJURY <b>6:51 P. M.</b>		DESCRIBE HOW INJURY OCCURRED	
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>At home</b>		LOCATION <b>1403 Division Street</b>	
STREET OR R.F.D. NO. <b>1403</b>		CITY OR TOWN <b>Klamath Falls</b>	
STATE <b>Oregon</b>		ZIP <b>97601</b>	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <b>NO</b>		WAS GIFT MADE? <b>NO</b>	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

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 **DEC 18 1990**

EDWARD J. JOHNSON  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marjorie S. Comer the 19th day of Dec. A.D., 19 90 at 1:40 o'clock P. M., and duly recorded in Vol. M90 of Deeds on Page 25187.

Evelyn Biehn County Clerk  
By Deedne M. Muelhause

FEE \$8.00

Return: Marjorie S. Comer  
3500 Summers Ln, Klamath Falls, OR. 97603