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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

Vital Records Unit
CERTIFICATE OF DEATH

138-

State File Number

F. 1919

Local File Number

150

1. DECEASED'S NAME First: Margaret Middle: C. Last: WESTLIN		2. SEX F	3. DATE OF DEATH (Month, Day, Year) May 6, 1991
4. SOCIAL SECURITY NUMBER 541-28-9990	5a. AGE - Last Birthday (Years) 86	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign) Lebanon, Oregon
7. DATE OF BIRTH (Month, Day, Year) February 10, 1905		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
9. FACILITY NAME (If not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	
11. MARITAL STATUS - Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If Married, Widowed) Lars Antone Westlin	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Elementary School Teacher		14. KIND OF BUSINESS/INDUSTRY Elementary Education	
15. RESIDENCE - STATE Oregon		16. COUNTY OF DEATH Klamath	
17. INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		18. ZIP CODE 97601	
19. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		20. RACE American Indian, Black, White, etc. (Specify) White	
21. FATHER - NAME first middle last Bernard M. Michels		22. MOTHER - NAME first middle maiden Elizabeth - Herman	
23. METHOD OF DISPOSITION <input type="checkbox"/> Mauseoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Other (Specify) Klamath Cremation Service		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Klamath Falls, Oregon	
25. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Michael O'Hair		26. LICENSE NUMBER (Of Licensee) 3287	
27. DATE FILED (Month, Day, Year) MAY 7 1991		28. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel 515 Pine Street, Klamath Falls, OR 97601	
29. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		30. REGISTRAR'S SIGNATURE Nancy Kennedy	
31. TIME OF DEATH 8:16 P M		32. DATE PRONOUNCED DEAD (Month, Day, Year) MAY 7 1991	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Glenn G. Gailis M.D. 1905 Main Street, Klamath Falls, Oregon 97601		34. DATE SIGNED (Month, Day, Year) 5/7/91	
35. 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) MYOCARDIAL INFARCTION (b) ARTERIOSECTOMY HEART DISEASE (c) RENAL FAILURE		36. INTERVAL BETWEEN ONSET AND DEATH 1 WEEK YEARS	
37. Did tobacco use contribute to the death? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk <input type="checkbox"/>		38. AUTOPSY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		40. DATE OF INJURY (Month, Day, Year) MAY 6 1991	
41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home		42. DESCRIBE HOW INJURY OCCURRED	

THIS IS A TRUE AND EXACT COPY OF THE ORIGINAL VITAL RECORD AS REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED MAY 7 1991

Return to: Betty Klahn 1955 Huron Falls OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Betty Klahn the 8th day of May A.D., 19 91 at 2:07 o'clock P.M., and duly recorded in Vol. M91 of Deeds on Page 8659.

Evelyn Biehn County Clerk
By Pauline Mullenbarger

FEE \$8.00