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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

096424 I.D. TAG NO. 452 Local File Number

1. DECEASED'S NAME: Harold Oscar PETERSEN

2. SEX: M

3. DATE OF DEATH: November 21, 1991

4. SOCIAL SECURITY NUMBER: 540-10-2212

5a. AGE Last Birthday (Years): 74

5b. Under 1 Year: Mos. Days Hours Mins.

6. BIRTHPLACE (City and State or Foreign Country): Black Duck, MN

7. DATE OF BIRTH (Month, Day, Year): March 7, 1917

8. WAS DECEASED EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No

9. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ OTHER ☒ Nursing Home ☐ Decedent's Home ☐ Other (Specify)

10. FACILITY NAME (If not institution, give street and number): HC 32 Box 540

11. CITY, TOWN, OR LOCATION OF DEATH: Klamath

12. COUNTY OF DEATH: Klamath

13a. RESIDENCE - STATE: Oregon

13b. COUNTY: Klamath

13c. CITY, TOWN OR LOCATION: Gilchrist

13d. STREET AND NUMBER: HC 32 Box 540

14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes

15. RACE: American Indian, Black, White, etc. (Specify): White

16. DECEASED'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (8-12) College (14 or 5+)

17. FATHER - NAME first middle last: Holger Edward Petersen

18. MOTHER - NAME first middle maiden: Myrtle Van Tassel

19. INFORMANT NAME and relationship to decedent: Harriet Grass, Sister

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Greenwood Memorial Cemetery

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature]

22. NAME, ADDRESS AND ZIP OF FACILITY: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, Oregon 97701

23. DATE FILED (Month, Day, Year): NOV 29 1991

24. REGISTRAR'S SIGNATURE: Nancy Kennedy

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

27. TIME OF DEATH: 5:35 P M

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ 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): Robert Janison

30. DATE SIGNED (Month, Day, Year): November 25, 1991

31. TIME OF DEATH: 5:35 P M

32. DATE PRONOUNCED DEAD (Month, Day, Year): November 21, 1991 5:35 P M

33. DATE SIGNED (Month, Day, Year): November 25, 1991

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Robert Janison, M.D. 2865 Daggett 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

37. Did tobacco use contribute to the death? ☒ Yes ☐ Probably ☐ No ☐ Unknown

38. AUTOPSY: ☐ Yes ☒ No

39. If YES were findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Undetermined Manner ☐ Suicide ☐ Legal Intervention ☐ Homicide

41a. DATE OF INJURY (Month, Day, Year):

41b. TIME OF INJURY: M

41c. INJURY AT WORK? ☐ Yes ☒ No

41d. DESCRIBE HOW INJURY OCCURRED:

41e. PLACE OF INJURY - 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 OF DEATH
REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED NOV 29 1991

Donna A. Verling
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Niswonger-Reynolds, Inc. the 4th day
of Dec. A.D. 19 91 at 8:57 o'clock A.M. and duly recorded in Vol. M91
of Deeds on Page 25255
Evelyn Biehn County Clerk
By [Signature]

FEE \$8.00

Return: Niswonger-Reynolds Inc.
P.O. Box 229, Bend, Or. 97709