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I.D. TAG NO.

230

Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES

HEALTH DIVISION

CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

Vol. 92

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State File Number

1. DECEDENT'S NAME First: Lyle Middle: Rutherford Last: OLSON			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 19, 1992
4. SOCIAL SECURITY NUMBER 540-09-0538		5a. GEL: Birthday (Year) 79	5b. Under 1 Year Mos. Days Hours Mins	5c. Under 1 Day Country
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		8. BIRTHPLACE (City and State or Foreign Country) Aurora, Minnesota
9. FACILITY NAME (if not institution, give street and number) Merle West Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during rm of working life Do not use -retired) Aircraft Mechanic		10b. KIND OF BUSINESS/INDUSTRY Lockheed		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If Married, Widowed, Divorced (Specify) Phyllis		13a. RESIDENCE - STATE Oregon		
13b. RESIDENCE - CITY Klamath		13c. CITY, TOWN OR LOCATION Klamath Falls		
13d. STREET AND NUMBER 197 Dahlia		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		
15. RACE American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+)		
17. FATHER - NAME first middle last Peter - Olson		18. MOTHER - NAME first middle maiden Anna - Hassel		19. INFORMANT - NAME and relationship to decedent Phyllis Olson - Spouse
20a. METHOD OF DISPOSITION <input type="checkbox"/> Autopsy <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 Jim Lancaster		21b. LICENSE NUMBER (Of Licensee) 3224		
22. NAME, ADDRESS AND ZIP OF FACILITY Eternal Hills Funeral Home 4711 Hwy #39/ Klamath Falls, OR 97603		23. REGISTRAR'S SIGNATURE Charles Robinson		
24. DATE FILED (Month, Day, Year) JUN 26 1992		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 14:45 M		
28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. 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) Saul Silverman		
30. DATE SIGNED (Month, Day, Year) 6/25/92		31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIED MEDICAL EXAMINER (Type or Print) Saul Silverman, MD - 2610 Uhrmann Rd - Klamath Falls, OR. 97601		
32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		33. 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)		
34. PART I (a) lung cancer DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Many Years		
34. PART I (b) Smoking DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
34. PART I (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.		35. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
36. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
38. 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		39. 41a. DATE OF INJURY (Month, Day, Year)		
40. 41b. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
41d. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
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DATE ISSUED **JUN 26 1992**Donna A. Verling
DONNA A. VERLING
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of **Phyllis Olson** the **6th** day of **July** A.D. 19 **92** at **2:32** o'clock **P.M.**, and duly recorded in Vol. **M92** of **Deeds** on Page **14673**.

FEE \$10.00

Evelyn Biehn - County Clerk

By **Donna A. Verling**Return: Phyllis Olson
197 Dahlia, Klamath Falls, Or. 97601