47410 '92 JUL 13 PM 3 50 Vol M92 Page 15374

MTC #27982-NK

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

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

18954 ID TAG NO
319 Local File Number

86-014225 State File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK 36

DECEDENT

1 DECEASED — NAME (First, Middle, Last): ALICE MARIE KARLSTROM
2 DATE OF DEATH (month, day, year): August 9, 1986
3 RACE (White, Black, American Indian, etc. specify): White
4 SEX: Female
5a AGE — Last birthday: 80
5b Under 1 year: months / days
5c Under 1 day: hours / min.
6 DATE OF BIRTH (month, day, year): February 5, 1906
7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Mt. View Care Center
7c IF HOSP OR INST, indicate DOA or OP (Emer. Rm., Inpatient, specify): Inpatient
7d COUNTY OF DEATH: Klamath
8 STATE OF BIRTH (If not in U.S.A., name country): Illinois
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Roy Karlstrom
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (specify yes or no): No
13 SOCIAL SECURITY NUMBER: 330-24-5401
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 9/4/61
14b KIND OF BUSINESS OR INDUSTRY: At Home
15a RESIDENCE — STATE: Oregon
15b COUNTY: Klamath
15c CITY, TOWN OR LOCATION: Klamath Falls 13
15d STREET AND NUMBER OR R.F.D.: 1331 Avalon #19
ZIP: 97601
15e Inside City Limits (specify yes or no): Yes
16 FATHER — NAME (first, middle, last): B.H. Heflin
17 MOTHER — NAME (first, middle, last, Maiden Name): Mary L. Whitney
18 INFORMANT — NAME and relationship to deceased: Roy Karlstrom (Husband)

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS (specify): Burial
19b CEMETERY OR CREMATORY — NAME: Eagle Point National Cemetery
19c LOCATION (city or town, state): Eagle Point Or.
20a FUNERAL SERVICE LICENSEE or person acting as such (Signature): Lyn Lancaster
20b NAME AND ADDRESS OF FACILITY: Ward's Funeral Hm./1945 MainSt./Klamath Falls, Or.

CERTIFIER

To be completed by CERTIFYING PHYSICIAN Only
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
21a (Signature): Charles Bury
21b DATE SIGNED (Mo., Day, Year): August 11, 1986
21c HOUR OF DEATH: 11:05 A.M.
21d NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Charles Bury, M.D. ~~2300~~ Clairmont, Klamath Falls, Or. ZIP: 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year): 8/13/86
22b REGISTRAR (Signature): Kathrine E. Cravinho

CAUSE OF DEATH

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b) AND (c).)
PART I
(a) Cardiac Arrest — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: Alzheimer's Disease — Interval between onset and death: 1 yr
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a): 2210
24 AUTOPSY (Specify Yes or No): No
25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No)
26b DATE OF INJURY (Mo., Day, Year)
26c HOUR OF INJURY
27 DESCRIBE HOW INJURY OCCURRED
26d INJURY AT WORK (Specify Yes or No)
26e PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
26f LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N.A. ☐ "not available"
WAS GIFT MADE? YES ☐ NO ☐ N.A. ☐

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 APR 02 1987

Joseph D. Carney
JOSEPH D. CARNEY
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 13th day of July A.D., 1992 at 3:50 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 15374

Evelyn Biehn County Clerk

FEE $10.00 #9 By Darlene Pruitendorf

Return: Roy G. Karlstrom, 3500 Summer Ln., Klamath Falls, Or. 97603