CERTIFICATION OF VITAL RECORD

AT+E 61038938

OREGON HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

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

CERTIFICATE OF DEATH

Local File Number: 316

State File Number: 84-013896

Field	Entry
1 Deceased—Name (First, Middle, Last)	LOUISE ANN STEINERSON
2 Date of Death	August 2, 1984
3 Race	White
4 Sex	Female
5a Age—Last birthday (years)	82
5b Under 1 year (mos, days)	
5c Under 1 day (hours, min)	
6 Date of Birth	October 20, 1901
7a City, Town or Location of Death	Klamath Falls
7b Hospital or Other Institution—Name	Merle West Medical Center
7c If Hosp or Inst indicate DOA, OP/Emer. Rm, Inpatient	Inpatient
7d County of Death	Klamath
8 State of Birth	Idaho
9 Citizen of What Country	U.S.A.
10 Married, Never Married, Widowed, Divorced	Widowed
11 Spouse	Reinhart Steinerson
12 Was Decedent Ever in U.S. Armed Forces?	No
13 Social Security Number	543-07-3764 A
14a Usual Occupation	Medical Secretary 313 840
14b Kind of Business or Industry	Secretarial
15a Residence—State	Oregon
15b County	Klamath
15c City, Town, or Location	Klamath Falls
15d Street and Number or R.F.D., Zip	2035 Darrow Ave. ~~97601~~
15e Inside City Limits	Yes
16 Father—Name	Samuel Willis Smith
17 Mother—Name (Maiden Name)	Jessie - Denney
18 Informant—Name and relationship to deceased	Katherine Cheyne, Daughter
19a Burial, Cremation, Removal, Other	Burial
19b Cemetery or Crematory—Name	Eternal Hills Memorial Gardens
19c Location (City or town, State)	Klamath Falls, Oregon
20a Funeral Service Licensee (Signature)	Mike O'Hair
20b Name and Address of Facility	O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore
21a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated (Signature)	Kenneth K. Magee
21b Date Signed	8-6-84
21c Hour of Death	1:13 A.M.
21d Name and Address of Certifier	Kenneth K. Magee, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601
21e Name of Attending Physician if Other Than Certifier	
22a Date Received by Registrar	AUG 7 1984
22b Registrar (Signature)	Katherine E. Cavin

23 Immediate Cause (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

Part I	Cause	Interval between onset and death
(a)	Cardiac Arrest	minutes
(b) Due to, or as a consequence of	Acute Myocardial Infarction	1-2 hrs
(c) Due to, or as a consequence of	Arteriosclerotic Heart Disease	2 years

Part II Other Significant Conditions—Conditions contributing to death but not related to cause given in Part I (a)

24 Autopsy (Specify Yes or No): No

25 Was Medical Examiner Notified (Specify Yes or No): No

26a Accident, Suicide, Homicide: 26b Date of Injury: 26c Hour of Injury: M 26d Describe How Injury Occurred:

26e Injury at Work (Specify Yes or No): 26f Place of Injury—At home, farm, street, factory, office building, etc. (Specify): 26g Location (Street or R.F.D. No, City or Town, State):

RESERVED FOR REGISTRAR'S USE

AFTER RECORDING RETURN TO:
BOB HALVORSEN
2120 WASHBURN WAY
KLAMATH FALLS, OR 97603

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12 83

CERTIFIED 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 OCT 05 1992

Edward J. Johnson
EDWARD J. JOHNSON II, STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 13th day of Oct. A.D., 19 92 at 3:27 o'clock P M., and duly recorded in Vol. M92 of Deeds on Page 23947.

Evelyn Biehn . County Clerk
By Pauline Mullendore

FEE $10.00