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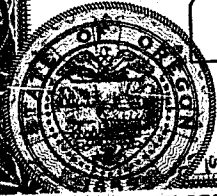
176 Local File Number

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

State File Number

DECEDENT 1 2 3 4 5 6 PARENTS 7 8 9 DISPOSITION 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

1. DECEDENT'S NAME: Kenneth Clarence VAN HYFTE, Male, Date of Death: April 18, 1995. 2. SEX: Male. 3. DATE OF DEATH: April 18, 1995. 4. SOCIAL SECURITY NUMBER: 471-16-4136. 5. AGE: 73. 6. BIRTHPLACE: Forestburg, SD. 7. DATE OF BIRTH: June 9, 1921. 8. PLACE OF DEATH: Klamath Regional Rehabilitation Center. 9. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls. 10. COUNTY OF DEATH: Klamath. 11. MARITAL STATUS: Married. 12. SPOUSE: Eileen Claire. 13. STREET AND NUMBER: 11408 White Goose Lane (POB 56). 14. COUNTY: Klamath. 15. CITY, TOWN OR LOCATION: Keno. 16. RACE: White. 17. FATHER: Paul Van Hyfte. 18. MOTHER: Emma Christine Christensen. 19. INFORMANT: Eileen Van Hyfte, wife. 20. PLACE OF DISPOSITION: Klamath Cremation Service. 21. SIGNATURE OF REGISTRAR: Eileen Van Hyfte. 22. NAME, ADDRESS AND ZIP OF FACILITY: of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194. 23. DATE FILED: APR 19 1995. 24. REGISTRAR'S SIGNATURE: Eileen Van Hyfte. 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? NO. 26. WAS GIFT MADE? NO. 27. TIME OF DEATH: 07:45 A.M. 28. WAS MEDICAL EXAMINER NOTIFIED? YES. 29. DATE SIGNED: April 18, 1995. 30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Robert P. Beaman, MD, 2300 Clairmont, Klamath Falls, Oregon 97601. 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Charles D. Bury, MD. 32. IMMEDIATE CAUSE: (a) Unknown natural causes. (b) Renal failure. 33. OTHER SIGNIFICANT CONDITIONS: CVA ASHD. 34. MANNER OF DEATH: Natural. 35. DATE OF INJURY: N/A. 36. TIME OF INJURY: N/A. 37. INJURY AT WORK? No. 38. DESCRIBE HOW INJURY OCCURRED: N/A. 39. PLACE OF INJURY: N/A. 40. LOCATION: N/A.



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APR 19 1995

DATE ISSUED:

Janet Bailey-Gober COUNTY REGISTRAR KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss. Filed for record at request of Eileen Claire Van Hyfte the 17th day of November A.D., 1995 at 2:27 o'clock P.M., and duly recorded in Vol. M95 of Deeds on Page 31464.

By Bernetha G. Letsch, County Clerk

FEE \$10.00