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After Recording Return to:
Katherine Mickelson
14307 Ravenwood Drive
Klamath Falls, Or, 97601

ATC #03044486

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH 136-

I.D. TAG NO. 05081

Local File Number

State File Number

1. DECEDENT'S NAME: First: Kenneth	Middle: George	Last: MICKELSON	2. SEX: M	3. DATE OF DEATH (Month, Day, Year): December 14, 1995	
4. SOCIAL SECURITY NUMBER: 546-36-4881	5a. AGE: Last Birthday (Years): 67	5b. If Under 1 Year: Mos. / Days	5c. If Under 1 Day: Hours / Mins.	6. BIRTHPLACE (City and State or Foreign Country): Alameda, CA.	7. DATE OF BIRTH (Month, Day, Year): June 2, 1928

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

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

9b. FACILITY NAME (If not institution, give street and number): Laurelhurst Care Center	9c. CITY, TOWN, OR LOCATION OF DEATH: Portland	9d. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sheriff	10b. KIND OF BUSINESS/INDUSTRY: Butte County	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Katherine		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Klamath	13c. CITY, TOWN, OR LOCATION: Klamath Falls
13d. STREET AND NUMBER: 14307 Ravenwood Dr.		
13e. INSIDE CITY LIMITS? ☐ Yes ☐ No	13f. ZIP CODE: 97601	14. WAS DECEDENT OF HISPANIC ORIGIN? (Ex. city No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12):	College (1-4 or 5+): +4
17. FATHER - NAME first middle last: Kepler Mickelson	18. MOTHER - NAME first middle maiden: Mildred Cramer	19. INFORMANT - NAME and relationship to deceased: Katherine Mickelson/Wife
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central Crematorium	20c. LOCATION - City or Town, State: Portland, OR.
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:	21b. LICENSE NUMBER (Or Licensee): 0320	22. NAME, ADDRESS AND ZIP OF FACILITY: Portland Funeral Alternatives 2025 SE 10 Portland, OR. 97214
23. DATE FILED (Month, Day, Year): DEC 18 1995	24. REGISTRAR'S SIGNATURE:	

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☐ YES ☐ NO ☐ N/A 26. WAS GIFT MADE? ☐ YES ☒ NO ☐ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 4:30 AM 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): R Yeager MD

30. DATE SIGNED (Month, Day, Year): 12/15/95

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH: AM 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour): AM

32. 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):

33. DATE SIGNED (Month, Day, Year) COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Richard Yeager MD 3718 SW VETERANS RD PORTLAND OR 97201

35. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (Type or Print):

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

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.)

		Interval between onset and death
PART I (a)	CONGESTIVE HEART FAILURE	MONTHS
DUE TO, OR AS A CONSEQUENCE OF (b)		
(c)	CORONARY ARTERY DISEASE	YEARS
DUE TO, OR AS A CONSEQUENCE OF (c)		
PART II (c)		

OTHER SIGNIFICANT CONDITIONS (d) Conditions contributing to death but not resulting in the underlying cause given in PART I. CHRONIC RENAL INSUFFICIENCY

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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

41a. DATE OF INJURY (Month, Day, Year) 41b. TIME OF INJURY AM/PM 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)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY 45-2 Rev 12/9

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: DEC 19 1995

GARY L. OXMAN, M.D.
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 6th day of June A.D., 19 96 at 11:39 o'clock A M., and duly recorded in Vol. M96 of Deeds on Page 16614.

Bernetha G. Letsch, County Clerk

By

FEE $10.00