

AFTER RECORDING
RETURN TO LINDA JONES MTC 48227-LN
14305 MEADOWBROOK
KLAMATH FALLS, OR 97601

Vol M99 Page 30726

TYPE IN
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282560
ID TAG NO
255
Local File Number

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

1. DECEASED'S NAME First: Anna Middle: Ruth Last: ODEGARD		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) May 5, 1999	
4. SOCIAL SECURITY NUMBER 474-26-6075		5a. AGE (Last Birthday) 80		5b. UNDER 1 YEAR None Days	
6. BIRTHPLACE (City and State or Foreign Country) Mora, MN		7. DATE OF BIRTH (Month, Day, Year) December 1, 1918		8. PLACE OF DEATH (Check only one) ☐ Hospital ☐ Home ☐ Other (Specify):	
9. FACILITY NAME (If not in section, give street and number) 14305 Meadowbrook Court		10. CITY, TOWN OR LOCATION OF DEATH Klamath Falls		11. COUNTY OF DEATH Klamath	
12. DECEASED'S USUAL OCCUPATION Nurse, Registered		13. KIND OF BUSINESS/INDUSTRY Health Care		14. MARRITAL STATUS: Married Never Married Widowed Divorced (Specify):	
15. RESIDENCE - STATE Oregon		16. COUNTY Klamath		17. CITY, TOWN OR LOCATION Klamath Falls	
18. STREET AND NUMBER 14305 Meadowbrook Court		19. ZIP CODE 97601		20. RACE White	
21. FATHER'S NAME Howard Grant Aldrich		22. MOTHER'S NAME Estella McElhone Farley		23. INFORMATION - NAME and relationship to deceased Carl A. Odegard, husband	
24. METHOD OF DEATH ☒ Natural ☐ Accidental ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other (Specify):		25. PLACE OF DEATH Deschutes Memorial Gardens Cascade Chapel Mausoleum		26. LOCATION - City or Town, State Bend, OR 97708	
27. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH William J. Davenport		28. OREGON LICENSE NO. CO-3104		29. NAME, ADDRESS AND ZIP OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 So. 6th St., Klamath Falls, Oregon 97603-7194	
30. DATE SIGNED (Month, Day, Year) MAY 07 1999		31. REGISTRANT'S SIGNATURE Julie Simonson		32. REGISTRANT'S NAME and relationship to deceased	

TO BE COMPLETED BY CERTIFYING PHYSICIAN

33. TIME OF DEATH
2350 P.M.

34. DATE SIGNED (Month, Day, Year)
May 6, 1999

35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print)
Blake D. Berven, MD, 2616 Clover, Klamath Falls, Oregon 97601

36. TIME OF DEATH
M

37. DATE PRONOUNCED DEAD (Month, Day, Year)
M

38. 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)

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

40. MANNER OF DEATH
☒ Natural ☐ Pending Investigation ☐ Accidental ☐ Suicide ☐ Homicide ☐ Legal Intervention ☐ Other

41. DATE OF INJURY (Month, Day, Year)

42. TIME OF INJURY

43. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

44. LOCATION (Street and Number or Rural Route Number, City or Town, State)

45. Did the injury contribute to the death?
☒ Yes ☐ No

46. AUTOPSY
☐ Yes ☒ No

47. YES were findings considered in determining cause of death?
☐ Yes ☒ No

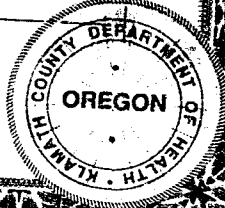
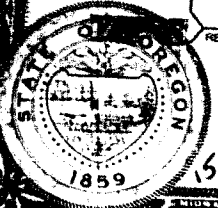
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR

DATE ISSUED MAY 07 1999

Nancy Kennedy
NANCY KENNEDY
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



30727

State of Oregon, County of Klamath
Recorded 8/02/99, at 11:36 a.m.
In Vol. M99 Page 30726
Linda Smith,
County Clerk Fee \$ 15 RR

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