

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

Date Filed **NOVEMBER 15, 2002** **CERTIFICATE OF DEATH**

State File No. **2002-08126**

DECEDENT - NAME OLE KLEVMOEN				AGE 85 YEARS	
DATE OF DEATH OCT. 11, 2002		SEX MALE	SOCIAL SECURITY NUMBER 501-09-7658	DATE OF BIRTH MAY 25, 1917	
BIRTHPLACE NORTH DAKOTA					
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	MARITAL STATUS MARRIED	SURVIVING SPOUSE (If wife, maiden name) HELEN M. BERG		CITY, TOWN OR LOCATION OF DEATH WENDELL, IDAHO	
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION WENDELL			
FATHER - NAME ASMUND KLEVMOEN					BIRTHPLACE NORWAY
MOTHER - FULL MAIDEN NAME MARIA HATTON					BIRTHPLACE NORWAY
NAME AND ADDRESS OF MORTUARY WHITE MORTUARY, INC., TWIN FALLS, IDAHO					
FUNERAL SERVICE LICENSEE LEWIS A. LENKER					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 9:45 A.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. CA OF PROSTATE					Approximate Interval Between Onset and Death 12 YEARS
b. DUE TO (or as a consequence of)					
c. DUE TO (or as a consequence of)					
d. DUE TO (or as a consequence of)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above CA OF BLADDER, COPD, ATRIAL FIB					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER ALFRED C. EMERY JR., M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME BILLY MORGAN	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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SEPTEMBER 08, 2009

DATE ISSUED: _____

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JANE S. SMITH
STATE REGISTRAR

