10239 OREGON STATE BOARD OF HEALTH VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

			DATE REC	CIVED		
UMBER 290	First		Middle	EIVED	1,ost	
NAME OF DECEASED (Type or print all	<u> Teh</u>	٠	None		Stirli	og
. PLACE OF DEATH	Clamath		3. USUAL RESIDENCE (If Institution, A. STATE ORGGON C. CITY, TOWN (If outside corporate)		Klematii	
B. CITY, TOWN, if outside of	corporate C. I	LENGTH OF		K19ma	th Falls	
OR TION Tionst	h Falls 2	O YES	D. STREET ADD			
D. NAME OF HOSPITAL. OR INSTITUTION 2734	l None St.		2734 Ho	pe St.		
4. DATE OF Month	Day Year	5. SEX	6. COLOR OR		7, MARITAI	Midowed
DEATH October	g 3, 1966	Male	Caucas:		11. NAME	OF SPOUSE
8. SOCIAL SECURITY NO.	9. USUAL OCCUP (Kind of work done Retail sto	during most of life)	CR INDUSTRY	11	Gladys	Stirling
544-50-1626	Day Year	13. AGE LAST	BIRTHDAY IF U	NOER 1 YEAR	lours	INDER 24 HOURS
BIRTH	27. 1904	62	ASED A CITIZEN OF	16. IF D	ECEASED WA	S A VETERAN.
14. BIRTHPLACE (State or Por	reign Country)	15. WAS DECEA		WH/	ATWAR! W	NI & WW II
Albany, New York	K I	18. MAIDEN NA	ME OF MOTHER	RELA	TIONBHIP TO DE	CEASED
tock Stirling		No Reco		Glad	ys Stirl	iterval Between Onset and D (Years, days, hours, etc.)
	CAUSED BY:	FER LINE IN (A). (_{n, and (c)} . Ongry (ICC lu Si	on		sudden
PART I: DEATH WAS	CAUSE (A): PT	DOUGLE COL				11/10 PM
Conditions, if any,) DUE which gave rise to)	TO (B): Chron:	ic myocard	l ti s			years
shove cause (s).) stating the under-) lying cause last)	TO (C):					years
PART II: Other Significan	nt Conditions					ha? Was an Autop
contributing to Death but r the terminal disease or co	million given / harr	nic Alcoho	lism (history	25B.	No Uni	County State
23. WAS DEATH RESULT OF	24. IF ACCIDENT	Y, DID INJURY 25/	A. PLACE OF INJURY as Farm, Hume, Forest, etc.)	258.		
1 L	At Work	At Work	. DESCRIBE HOW IN	JURY OCCURR	ED.	
1 26. TIME OF	m.				<u> </u>	
28. CERTIFICATE: Certify	m.		he deceased from or on occurred at 9:058 m.	Oct. 3,	1966	to
29. RESERVED FOR REGI). Asst. N	led. Inv. Kl	amath Fal	(Addres)	(Date Signed)
30A. DECEASED WILL BE	300, DATE	0. Asst. N	HAME OF CHEMATORY OF C	EMETERY 300. L	OCATION (City O	(Date Signed) Town) State
30A. DECEASED WILL BE Burled Cremated Removed	STRAR'S USE 300, DATE 10-7- 32. REGISTRAR'S S	-66 AS	AME OF CREMATORY OR CALLED	EMETERY 300. L	OCATION (City of AShland	(Date Signed) Town) State
Duried Cremated Removed 31. DATE RECEIVED BY 10-4-66	other 10-7- Other 10-7- Other Marian	0. Asst. N	AME OF CREMATORY OR CALLED	EMETERY 300. L	OCATION (City of AShland	(Date Signed) Town) State Ore,
30A. DECEASED WILL BE Burled Cremated Removed	on part 10-7- 32. REGISTRAR'S S Marian	-66 AS	AME OF CREMATORY OR CALLED	EMETERY 300. L	OCATION (City of AShland	(Date Signed) Town) State Ore,
31. DATE RECEIVED BY SOME STATE OF ORE	other 10-7- 32. REGISTRAR'S S Marian EGON Kiamath	-66 Asi	MANE OF CREMATORY ON Chiand Cremato 33. FUNERAL DIR Mike O*H	EMETERY 300. L. TY ECTOR'S SIGNATI air O'Ha	Ashland URE AND ADDRI IT'S - 5	Town) State , Ore, 15 Pine, K. F
31. DATE RECEIVED BY LOCAL REGISTRAN STATE OF ORE County of	300, DATE 10-7- 32. REGISTRAR'S S Marian A	-66 Asignature Ackerman	NAME OF CREMATORY OF CALLED SA. FUNERAL DIR. Mike O'H a correct an	EMETERY 300. L. TY LECTOR'S SIGNATI Air O'Ha	Ashland URE AND ADDRI IT'S - 5	Town) State Ore. 15 Pine, K. F
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