

10239 M-66 Page 11507  
OREGON STATE BOARD OF HEALTH  
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH RECORD

LOCAL REGISTRAR'S NUMBER 290		STATE FILE NO. DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink) First Middle Last John None Stirling		3. USUAL RESIDENCE (if institution, give residence before admission) A. STATE Oregon B. COUNTY Klamath	
2. PLACE OF DEATH A. COUNTY Klamath B. CITY, TOWN, OR LOCATION Klamath Falls C. LENGTH OF STAY IN 2B 20 yrs D. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION 2734 Hope St.		C. CITY, TOWN OR LOCATION Klamath Falls D. STREET ADDRESS, RURAL ROUTE, ETC. 2734 Hope St.	
4. DATE OF DEATH Month Day Year October 3, 1966	5. SEX Male	6. COLOR OR RACE Caucasian	7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married
8. SOCIAL SECURITY NO. 544-50-1626	9. USUAL OCCUPATION (Kind of work done during most of life) Retail store owner	10. KIND OF BUSINESS OR INDUSTRY Retail	11. NAME OF SPOUSE Gladys Stirling
12. DATE OF BIRTH Month Day Year March 27, 1904	13. AGE LAST BIRTHDAY Yrs. 62	14. IF DECEASED WAS A VETERAN. WHAT WAR? WW I & WW II	
14. BIRTHPLACE (State or Foreign Country) Albany, New York	15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U. S. <input type="checkbox"/> Foreign Country Name of Country	16. IF DECEASED WAS A VETERAN. WHAT WAR? WW I & WW II	
17. NAME OF FATHER Jack Stirling	18. MAIDEN NAME OF MOTHER No Record	19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Gladys Stirling, wife	
20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Probable Coronary Occlusion DUE TO (B): Chronic myocarditis DUE TO (C): Emphysema PART II: Other Significant Conditions contributing to death but not related to the terminal disease or condition given in Part I (a): Chronic Alcoholism (history)			Interval Between Onset and Death (Years, days, hours, etc.) sudden years years
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		24. IF ACCIDENT, DID INJURY OCCUR <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work	
25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		26. TIME OF INJURY Hour Minute P. M.	
27. DESCRIBE HOW INJURY OCCURRED.		28. CERTIFICATE I certify that I (investigated the death of) the deceased from or on Oct. 3, 1966 to 9:05a and that the death occurred at Klamath Falls, Oregon 10-4-66 > J. Martin Adams, M.D. Asst. Med. Inv. Klamath Falls, Oregon 10-4-66	
29. RESERVED FOR REGISTRAR'S USE			
30A. DECEASED WILL BE <input type="checkbox"/> Buried <input checked="" type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 10-7-66	
30C. NAME OF CREMATORY OR CEMETERY Ashland Crematory		30D. LOCATION (City or Town) Ashland, Ore.	
31. DATE RECEIVED BY LOCAL REGISTRAR 10-4-66		32. REGISTRAR'S SIGNATURE > Marian Ackerman	
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS > Mike O'Hair O'Hair's - 515 Pine, K. Falls			

STATE OF OREGON

County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

S. M. Kerron, M.D.  
Registrar Vital Statistics

By Deputy Marian Ackerman  
Date October 4, 1966

VS-16 2/56

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss:

Filed for record at request of Ganong, Ganong & Gordon  
this 3 day of Nov. 1966 at 10:02 P. M. and  
duly recorded in Vol. M-66, of Deeds on Page 11507  
Fee \$1.50  
DOROTHY ROGERS, County Clerk  
By Jane Miller

13