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OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION
STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER 403 — BOARD OF HEALTH — STATE FILE NO. — DATE RECEIVED JAN 9 1969

1. NAME OF DECEASED (Type or print all entries in black ink): First ETHEL — Middle GERTRUDE — Last STEWART

2. PLACE OF DEATH: A. COUNTY Klamath; B. CITY, TOWN OR LOCATION Klamath Falls; C. LENGTH OF STAY IN 24 HOURS 1 hours; D. NAME OF HOSPITAL Presbyterian Intercommunity Hospital

3. USUAL RESIDENCE: A. STATE Oregon; B. COUNTY Klamath; C. CITY, TOWN OR LOCATION Klamath Falls; D. STREET ADDRESS, RURAL ROUTE 1701 Main

4. DATE OF DEATH: December 28 1968
5. SEX: Female
6. COLOR OR RACE: White
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO. 546-22-8226
9. USUAL OCCUPATION (Kind of work done during most of life): Housewife
10. KIND OF BUSINESS OR INDUSTRY: At home
11. NAME OF SPOUSE: E.B. Steward
12. DATE OF BIRTH: September 24 1892
13. AGE (Last Birthday): 76 Yrs.
14. IF UNDER 1 YEAR: Months Days
15. IF UNDER 24 HOURS: Hours Minutes
16. BIRTHPLACE (City or Town, County, State): Warsaw, Indiana
17. WAS DECEASED A CITIZEN OF: [X] U.S. [ ] Foreign Country
18. IF DECEASED WAS A VETERAN: WHAT WAR? Name of Country
19. NAME OF FATHER: Henry B. Leech
20. MAIDEN NAME OF MOTHER: Martha M. Phillipps
21. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED: E.B. Stewart (Husband)

22. CAUSE OF DEATH (Enter only one cause on line (a), (b), (c), (d)): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction — Interval Between Onset and Death (Years, Days, Hours, etc.): Minutes; Conditions, if any, which gave rise to above cause, stating the underlying cause last: DUE TO (b) Arteriosclerotic Heart Disease — Years; DUE TO (c); DUE TO (d)

PART II. Other Significant Conditions Contributing to Death but not related to the terminal disease or condition given in Part I (a):

23. WAS DEATH DUE TO: [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, SUICIDE OR HOMICIDE OCCURRED: [ ] At Home [ ] At Work
25. TIME OF INJURY: Month Day Year
25A. PLACE OF INJURY (Specify Home, Farm, Factory, etc.): City County State
27. DESCRIBE HOW INJURY OCCURRED:
28. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? [ ] Yes [X] No [ ] Unknown
29. WERE AUTOPSY FINDINGS AVAILABLE? [ ] Yes [ ] No

30. CERTIFICATE: I hereby certify that I attended the deceased from Dec 26 1968 to Dec 28 1968 and last saw the deceased alive on Dec 28 1968 at 2:45p. To the best of my knowledge death occurred at the time, date, and place and due to the cause stated above. — Kenneth Kruger M.D. Klamath Falls, Oregon (Signature) (Title) (Address) Jan 2 1969 (Date Signed)

31. FOR REGISTRAR'S USE: 403

REGISTRAR'S SIGNATURE: Marion Johnson — DATE RECEIVED BY REGISTRAR: Jan 9 1969 — MORTICIAN: Klamath Falls, Oregon — FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Klamath Falls, Oregon

STATE OF OREGON, County of Multnomah } ss. DATE ISSUED JAN 17 1969

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

Milton A. Pearson
STATE REGISTRAR

STATE OF OREGON, County of Klamath }
Filed for record at request of
E. B. Stewart
on this 23rd day of January A.D. 1969
at 10:05 o'clock AM, and duly
recorded in Vol. M-69 of Deeds
page 575
Wm. D. MILNE, County Clerk
By Donna James Deputy
Fee $1.50