JAN 25 3 27 PM 1972

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CARE-FULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

FORM VS-2

LOCAL REGISTRAR'S NUMBER 21 60722

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH -- PORTLAND 97201
PUBLIC HEALTH SERVICE

STATE FILE NO. 989

DATE RECEIVED M72

1. NAME OF DECEASED (Type or print all entries in black ink) First: Helen Middle: Bernice Last: Stoltz

2. PLACE OF DEATH
A. COUNTY: Klamath
B. CITY, TOWN, OR LOCATION (If outside corporate limits, so specify): Klamath Falls
C. LENGTH OF STAY IN 28: 25 years
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): P. I. Hospital

3. USUAL RESIDENCE (If institution, give residence before admission:)
A. STATE: Oregon B. COUNTY: Klamath
C. CITY, TOWN OR LOCATION (If outside corporate limits, so specify): Klamath Falls
4619 Cleveland St
D. STREET ADDRESS, RURAL ROUTE, ETC.: 4619 Cleveland St

4. DATE OF DEATH (Month, Day, Year): January 20, 1969
5. SEX: Female
6. COLOR OR RACE: white
7. MARITAL STATUS: [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO.: ----
9. USUAL OCCUPATION (Kind of work done during most of life): housewife
10. KIND OF BUSINESS OR INDUSTRY: home
11. NAME OF SPOUSE: Joseph Stoltz
12. DATE OF BIRTH (Month, Day, Year): June 20, 1909
13. AGE LAST BIRTHDAY (Yrs.): 59
IF UNDER 1 YEAR (Months, Days):
IF UNDER 24 HOURS (Hours, Minutes):
14. BIRTHPLACE (State or Foreign Country): Pawhuska, Oklahoma
15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country (Name of Country):
16. IF DECEASED WAS A VETERAN, WHAT WAR? no
17. NAME OF FATHER: Asa Claude Walker
18. MAIDEN NAME OF MOTHER: Maude Newell
19. INFORMANT'S NAME AND ~~Madelaine Lovelace~~, daughter

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE IN (A), (B), AND (C).)
PART I: DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (A): Heart Failure, — Interval Between Onset and Death (Years, days, hours, etc.): Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:
DUE TO (B): Arteriosclerotic Heart Disease — Years
DUE TO (C): and secondary Polycythemia — Years

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

21. If deceased was Female, was there a pregnancy in the past 12 months? [ ] Yes [X] No [ ] Unknown
22. Was an Autopsy performed? [ ] Yes [X] No

23. WAS DEATH RESULT OF [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)
25B. City County State
26. TIME OF INJURY Hour ..... a. m. ..... p. m. Month Day Year
27. DESCRIBE HOW INJURY OCCURRED.

28. CERTIFICATE: I Certify that I (attended) the deceased from or on 1-19-69 (date) to 1-20-69 (date) and that the death occurred at 3:30 A. from the causes and on the date stated above.
Howard K. Thayer M.D. Klamath Falls Oregon 1-21-69
(Signature) (Title) (Address) (Date Signed)

29. RESERVED FOR REGISTRAR'S USE

30A. DECEASED WILL BE [ ] Buried [X] Cremated [ ] Removed [ ] Other
30B. DATE: 1/22/69
30C. NAME OF CREMATORY OR CEMETERY: Ashland Crematory
30D. LOCATION (City or Town) State: Ashland, Oregon

31. DATE RECEIVED BY LOCAL REGISTRAR: 1-21-69
32. REGISTRAR'S SIGNATURE: Marian Johnson
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Reid & Hair Klamath Falls, Oregon

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.

(SEAL)

NEIL BLACK, M. D.
Registrar Vital Statistics

By Marian Johnson
Deputy Registrar

Date JAN 21 1969 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Transamerica Title Ins. Co.

this 25 day of January A. D., 19 72 at 3:27 o'clock P M., and duly recorded in Vol. M72, of Deeds on Page 989.

Fee $2.00

WM. D. MILNE, County Clerk

By Cynthia Armbrust