91859

AUG 12 10 11 AM 1974

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

9761

Vol. M74 Page

239
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. DECEASED—NAME First: George Middle: Eckler Last: Stevenson
2. DATE OF DEATH (month, day, year): August 2, 1974
3. RACE White, Negro, American Indian, etc. (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 83
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. DATE OF BIRTH (month, day, year): June 5, 1891
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Klamath Co. Nursing Home
8. STATE OF BIRTH (if not in U.S.A., name country): Oregon
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed
11. NAME OF SPOUSE: --
12. SOCIAL SECURITY NUMBER: 544-42-9851
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Farmer
13b. KIND OF BUSINESS OR INDUSTRY: Farming

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 303½ Pine St.
15. FATHER—NAME first middle last: Jacob Stevenson
16. MOTHER—Maiden Name first middle last: Helen McCornack
17. INFORMANT—NAME, Relationship to deceased: George A. Stevenson, son

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18. Immediate cause (a): Bronchial pneumonia — approximate interval between onset and death: 4 days
due to, or as a consequence of: (b)
due to, or as a consequence of: (c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a): Cerebral + coronary arteriosclerosis

19a. AUTOPSY (yes or no): No
19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)
20b. DATE OF INJURY (month, day, year)
20c. HOUR M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)
20e. INJURY AT WORK (specify yes or no)
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)
20g. LOCATION (street or R.F.D. no., city or town, county, state)

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: Aug 1957 to 8-2-74; And last saw him/her alive on: Aug 1 1974; Did not view the body after death (specify): Not viewed; Death occurred at 7:05 P. M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: John D. Merryman M.D.
22b. NAME (type or print): John D. Merryman, degree or title: M.D.
22c. DATE SIGNED (month, day, year): Aug 5, 1974
23. MAILING ADDRESS—PHYSICIAN: 303 Pine St., Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Removal
24b. CEMETERY OR CREMATORY—NAME: U.of O. Medical School
24c. LOCATION: Portland, Oregon
24d. DATE (mo., day, year): 8-5-74
25a. FUNERAL DIRECTOR—SIGNATURE: Mike O'Hair
25b. FUNERAL HOME—NAME AND ADDRESS: O'Hair's Funeral Chapel, 515 Pine, Klamath Falls Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Ackerman
26b. DATE RECEIVED BY LOCAL REGISTRAR: AUG 6 1974
27. DATE RECEIVED BY STATE REGISTRAR
28. RESERVED FOR REGISTRAR'S USE
29.

VS-2 R-69

To Ganong + Sisemore
538 Main
K-F

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)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By Marian Ackerman Deputy Registrar
Date AUG 7 1974 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GANONG & SISEMORE

this 12th day of AUGUST A. D., 1974 at 10:11 o'clock A M., and duly recorded in

Vol. M 74, of DEEDS on Page 9761

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy