

76 MAY 7 PM 56

STATE OF OREGON - HEALTH DIVISION

13533

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6829

CERTIFICATE OF DEATH

DECEASED		LOCAL FILE NUMBER		DATE OF DEATH (month, day, year)	
1. NAME (Last, first, middle) Opal		1. AGE (Last birthday) 58		2. DATE OF BIRTH (month, day, year) May 1, 1917	
3. SEX Female		4. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		5. DATE OF DEATH (month, day, year) December 15, 1917	
6. COUNTY OF DEATH Klamath		7. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls		8. HOSPITAL OR OTHER INSTITUTION - NAME (if not in office give street and number) J.E.O.A. Pres. Intercomm. Hospt.	
9. STATE OF BIRTH (name country) Oklahoma		10. CITIZEN OF WHAT COUNTRY U.S.A.		11. NAME OF SPOUSE Carl Stout	
12. SOCIAL SECURITY NUMBER 541-38-2879		13. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) L.P.N.		14. KIND OF BUSINESS OR INDUSTRY Nursing	
15. RESIDENCE - STATE Oregon		16. CITY, TOWN, OR LOCATION Klamath Falls		17. STREET AND NUMBER OR R.F.D. 3117 Butte St.	
18. FATHER - NAME Oregon		19. MOTHER - Maiden Name West		20. INFORMANT - NAME and relationship to deceased Carl Stout, Husband	
21. DEATH WAS CAUSED BY: Miles Keen		22. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) Cerebro Vascular Accident		23. APPROXIMATE INTERVAL between onset and death 15 years	
24. CAUSE Diabetes mellitus		25. CONDITIONS, if any, which gave rise to immediate cause (a), (b), or (c) due to, or as consequence of: Hypertension		26. IF YES, were findings considered in determining cause of death YES NO	
27. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not related to cause given in Part I (a) Diabetes mellitus		28. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18)		29. ANATOMY NO	
30. ACCIDENT (Specify yes or no) 20a. DATE OF INJURY (month, day, year) 20b. HOUR 20c. LOCATION (street or R.F.D. No., city or town, county, state)		31. INJURY AT WORK (Specify yes or no) 21a. DATE OF INJURY (month, day, year) 21b. HOUR 21c. LOCATION (street or R.F.D. No., city or town, county, state)		32. DEATH OCCURRED at the place, on the date, and, to the best of any known, after death (specify) (month, day, year) 6:14 A. M. May 3, 1976	
33. PHYSICIAN: I attended the deceased from 22. NAME (type or print) Steven K. Bidleman M.D.		34. DATE SIGNED (month, day, year) May 3, 1976		35. DEGREE OF TITLE M.D.	
36. CERTIFIER Medical Dentl. Bld., Klamath Falls, Oregon		37. DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1976		38. DATE RECEIVED BY STATE REGISTRAR	
39. BURNAL, CREMATION, REBURNAL, ETERNAL HILLS MEM. GARDEN, Klamath Falls, Oregon		40. FUNERAL HOME - NAME AND ADDRESS (street, city or town, state, ZIP) O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601		41. DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1976	
42. FUNERAL DIRECTOR - SIGNATURE Marian Coleman		43. DATE RECEIVED BY LOCAL REGISTRAR MAY 4 1976		44. DATE RECEIVED BY STATE REGISTRAR	

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.

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

By Marian Coleman, Deputy Registrar  
Date MAY 4 1976

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of May A.D., 19 76 at 1:52 o'clock P. M., and duly recorded in Vol M76 of Deeds on Page 6829.

FEE 3.00

WM. D. MELNE, County Clerk

By Laurie Mitchell Deputy

Return  
Carl Stout  
3117 Butte St.  
City