21402

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STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

'76 NOV 10 AM 9 18

\# 372
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

1. Deceased—Name (First, Middle, Last): OSCAR DARREL STILWELL
2. Date of Death (month, day, year): November 7, 1976
3. Race (White, Negro, American Indian, etc.) (specify): White
4. Sex: Male
5a. Age—Last birthday (years): 64
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. Date of Birth (month, day, year): July 13, 1912
7a. County of Death: Klamath
7b. City, Town, or Location of Death: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. Hospital or Other Institution—Name (If not in either, give street and number): Presbyterian Intercommunity
8. State of Birth (If not in U.S.A., name country): Oklahoma
9. Citizen of What Country: USA
10. Married, Never Married, Widowed, Divorced (specify): Married
11. Name of Spouse: Eva W. Stilwell
12. Social Security Number: 542 - 10 - 1947
13a. Usual Occupation (give kind of work done during most of working life, even if retired): Steamfitter - Retired
13b. Kind of Business or Industry: Kingsley Field

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): No
14e. Street and Number or R.F.D.: 5160 S. Etna St.
15. Father—Name (first, middle, last): Fred W. Stilwell
16. Mother—Maiden Name (first, middle, last): Ica Mae Johnson
17. Informant—Name and relationship to deceased: Eva W. Stilwell

CAUSE

PART I. 18. Death was caused by: (Enter only one cause per line for (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) Immediate cause	Acute myocardial infarction	1 hr
(b) Due to, or as a consequence of:	Accelerated atherosclerosis	5 yrs
(c) Due to, or as a consequence of:		

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)

19a. Autopsy (yes or no): No
19b. If yes were findings considered in determining cause of death:

20a. Accident (specify yes or no): 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: March 15, 1973 to November 7, 1976; And last saw him/her alive on: Sept. 13, 1976; I did/did not view the body after death (specify): did; Death occurred (hour): 1:43 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. Physician—Signature: [signature] MD
22b. Name (type or print): Blake Berven
Degree or Title: MD
22c. Date Signed (month, day, year): November 8, 1976
23. Mailing Address—Physician: Medical-Dental Building, Klamath Falls, Oregon 97601

BURIAL

24a. Burial, Cremation, Removal, Maus. (specify): Cremation
24b. Cemetery or Crematory—Name: Eternal Hills
24c. Location (city or town, state): Klamath Falls, Oregon
24d. Date (mo., day, year): Nov. 8, 1976
25a. Funeral Director—Signature: [signature]
25b. Funeral Home—Name and Address: WARD'S - 1945 Main - Klamath Falls, Oregon 97601
26a. Registrar—Signature: [signature]
26b. Date Received by Local Registrar: NOV 9 1976
27. Date Received by State Registrar: Eva W. Stilwell 5160 - So. Etna City

28. Reserved for Registrar's Use

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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 [signature], Deputy Registrar

Date NOV 9 1976 19

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 10th day of NOVEMBER A.D., 19 76 at 9;18 o'clock A M., and duly recorded in Vol M 76 of DEEDS on Page 17859.

WM. D. MILNE, County Clerk

By [signature] Deputy

FEE $ 3.00