25932

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number 77 FEB 25 AM 10 25

Local File Number 311

DECEASED

1. DECEASED—NAME: First ANNE	Middle OTHELIA	Last STEPHENS	2. DATE OF DEATH (month, day, year): September 11, 1976				
1. RACE (White, Negro, American Indian, etc. (specify): White	3. SEX: Female	AGE—Last birthday (years): 82	Under 1 year: mos.	Under 1 day: days	hours	min.	6. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Manor
2. COUNTY OF DEATH: Klamath	4. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls	5a. Inside City Limits (specify yes or no): Yes	5b.	5c.			7d. NAME OF SPOUSE: Washburn Manor
7a. STATE OF BIRTH (If not in U.S.A., name country): Wisconsin	7b. CITIZEN OF WHAT COUNTRY: USA	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed	9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife				10. KIND OF BUSINESS OR INDUSTRY: At home
8. SOCIAL SECURITY NUMBER: 477-07-9432	12. RESIDENCE—STATE: Oregon	COUNTY: Klamath	13a. CITY, TOWN, OR LOCATION: Klamath Falls	Inside City Limits (specify yes or no): Yes	13b. STREET AND NUMBER OR R.F.D.: 711 Washburn Way		
14a. FATHER—NAME: first Hartvig	middle	last Ofstad	14b. MOTHER—Maiden Name: first Louise	middle	last Enstad	14c. INFORMANT—NAME and relationship to deceased: Ralph M. Ovgard (Son)	
15. Usual residence where deceased lived. If death occurred in institution, give residence before admission.			16.			17.	

CAUSE

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

1.											
2.											
3.											

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

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

18. Immediate cause (a) due to, or as a consequence of: Cardiac Arrest

(b) due to, or as a consequence of: Arteriosclerotic Heart Disease

(c)

ACCIDENT (specify yes or no)	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)							AUTOPSY (yes or no): NO	IF YES were findings considered in determining cause of death:
INJURY AT WORK (specify yes or no)	PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify)	LOCATION (street or R.F.D. No., city or town, county, state)									

CERTIFIER

20c. CERTIFICATION—PHYSICIAN: I attended the deceased from:	20f. month: 3	day: 19	year: 69	to	month: 9	day: 11	year: 76	20g. And Last Saw Him/Her Alive on: month: 8	day: 16	year: 76	I (did)/(did Not) view the body after death (specify):	DEATH OCCURRED (hour): 6:05 P. M.
21. PHYSICIAN—SIGNATURE AND TITLE: [signature] M.D.								22a. NAME (type or print): E.E. Howard, M.D.			degree or Title	DATE SIGNED (month, day, year): 9-13-76
MAILING ADDRESS—PHYSICIAN: ME								22b. city or town			state	zip

BURIAL

23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park							24c. LOCATION: Klamath Falls			Oregon	DATE (mo., day, year): Sept. 14, 1976
FUNERAL DIRECTOR—SIGNATURE AND TITLE: [signature]								25a. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Lloyd's Klamath Funeral Home Inc., Klamath Falls, Ore. 97601				
REGISTRAR—SIGNATURE: [signature]								25b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 14 1976				
RECEIVED FOR REGISTRAR'S USE: [signature]								26.				

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 G. BOGE, M.D., Registrar Vital Statistics

(SEAL)

By [signature] Deputy Registrar

Date SEP 15 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 25th day of FEBRUARY A.D., 19 77 at 10;25 o'clock A M., and duly recorded in Vol M 77, of DEEDS on Page 3314.

FEE $ 3.00

WM. D. MILNE, County Clerk

By [signature] Deputy

Vol. M77 Page 3314