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STATE OF OREGON—STATE BOARD OF HEALTH

Vital Statistics Section

72-012167

CERTIFICATE OF DEATH

Local File Number: 289

State File Number: 72-012167

Field	Entry
1. Decedent—Name (First, Middle, Last)	HAROLD DALE STONEHILL
2. Date of Death (month, day, year)	August 14, 1972
3. Race (White, Negro, American Indian, etc.)	White
4. Sex	Male
5a. Age—last birthday (years)	62
6. Date of Birth (month, day, year)	August 6, 1910
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	Presbyterian Intercommunity
8. State of Birth (if not in U.S.A., name country)	Ohio
9. Citizen of What Country	USA
10. Married, Never Married, Widowed, Divorced	Married
11. Name of Spouse	Bernice Stonehill
12. Social Security Number	289-10-9543
13a. Usual Occupation	Civil Service Worker
13b. Kind of Business or Industry	Kingsley Field
14a. Residence—State	Oregon
14b. County	Klamath
14c. City, Town, or Location	Klamath Falls X
14d. Inside City Limits	No
14e. Street and Number or R.F.D.	4357 Fargo
15. Father—Name	James William Stonehill
16. Mother—Maiden Name	Clara Amanda Klinger
17. Informant—Name and relationship to decedent	Don R. Stonehill (Son)

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c))

	Cause	Approximate interval between onset and death
18. (a) Immediate cause	Cerebral hemorrhage	days
(b) Due to, or as a consequence of	Hypertensive cardiovasc. disease	years
(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)

Field	Entry
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	
20c. Hour	M.
20d. How Injury Occurred	
20e. Injury at Work (specify yes or no)	
20f. Place of Injury	
20g. Location	

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Field	Entry
21. Certification—Physician: I attended the deceased from	Sept. 1962 to 8 12 72
And last saw him/her alive on	8 12 72
Did/Did Not view the body after death	did not
Death occurred (hour) at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated	1:04 A. M.
22a. Physician—Signature	Glenn Miller M.D.
22b. Name (type or print)	Glenn C. Miller, M.D.
22c. Date Signed	August 14, 1972
23. Mailing Address—Physician	1905 Main Street, Klamath Falls, Oregon 97601
24a. Burial, Cremation, Removal, Other	Burial
24b. Cemetery or Crematory—Name	Eternal Hills
24c. Location	Klamath Falls, Oregon
24d. Date	Aug. 17, 1972
25a. Funeral Director—Signature	[signature]
25b. Funeral Home—Name and Address	Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. Registrar	Winifred Murphy
26b. Date Received by Local Registrar	August 14, 1972
27. Date Received by State Registrar	AUG 28 1972

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DATE ISSUED June 28 1977

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

)STATE REGISTRAR)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 13 day of July A.D., 19 77 at 2:31 o'clock P M., and duly recorded in Vol M 77, of Deeds on Page 12406.

WM. D. MILNE, County Clerk

By Pat McCullough Deputy

FEE $3.00