33130

STATE OF OREGON — STATE HEALTH DIVISION — Vol. M Page 13457
Vital Statistics Section

CERTIFICATE OF DEATH

State File Number

DECEASED

Local File Number | First | Middle | Last | DATE OF DEATH (month, day, year): January 19, 1977

1. DECEASED—NAME: LEWIS CLARENCE STUBS
2. DATE OF BIRTH (month, day, year): October 8, 1918
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—last birthday (years): 58
5b. Under 1 year: mos. / days
5c. Under 1 day: hours / min.
6. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Presbyterian Intercommunity
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. NAME OF SPOUSE: Lillie Ma Stubbs
8. STATE OF BIRTH (If not in U.S.A., name of country): Arkansas
9. SOCIAL SECURITY NUMBER: [redacted]
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. KIND OF BUSINESS OR INDUSTRY: [redacted]
12. RESIDENCE—STATE: Oregon
12. COUNTY: Klamath
13a. CITY, TOWN, OR LOCATION: Machine Helper
13b. STREET AND NUMBER OR RFD: Burlington Northern Rail Road
13c. Inside City Limits (specify yes or no): Yes
14a. FATHER—NAME first middle last: Oregon
14b. MOTHER—Maiden Name first middle last: Klamath Falls
14c. INFORMANT—Name and relationship to deceased: Lillie Ma Stubbs (Wife)
14d. STREET AND NUMBER: 1502 California Ave.
15. Usual residence where deceased lived. If death occurred in institution, give residence before admission: William Allen Stubbs
16. CITIZEN OF WHAT COUNTRY: USA
17. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)): Maggie - Cavener

CAUSE

PART I. DEATH WAS CAUSED BY:
18. Immediate Cause
1. (a) Arteriosclerotic heart disease with fresh infarct of the heart due to, or as a consequence of:
2. (b) due to, or as a consequence of:
3. (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)

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

MEDICAL INVESTIGATOR

DATE OF INJURY (month, day, year): January 19, 1977
20b. HOUR About: 9:50AM
20c. Collapsed while greasing an engine
20d. Yes
20e. In grease Pit
20f. BNRR Yards, Klamath Falls, Klamath, Oregon 97601

CERTIFICATION—MEDICAL INVESTIGATOR
I CERTIFY that I made inquiry into the death of the deceased person described above, and in my opinion death resulted on or about:
DEATH OCCURRED (hour): 10:30 A.M.
THE DECEDENT WAS PRONOUNCED DEAD (month, day, year): Jan. 19, 1977
21a. CERTIFIER—SIGNATURE: Veldon C. Boge M.D.
21b. NAME—(type or print): Veldon C. Boge, M.D.
21c. FROM: Natural Causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined [ ] Pending [ ] Degree or Title

CERTIFIER

22a. MEDICAL INVESTIGATOR: FOR
22b. DATE SIGNED (month, day, year): February 8, 1977
23. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24a. CEMETERY OR CREMATORY—NAME: Eternal Hills
24b. FUNERAL DIRECTOR'S SIGNATURE: Ward's Klamath Funeral Home Inc, Klamath Falls, Ore. 97601
24c. LOCATION — city or town: Klamath Falls, Oregon
24d. DATE (month, day, year): Jan. 21, 1977
25. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
26a. REGISTRAR—SIGNATURE
26b. DATE RECEIVED BY LOCAL REGISTRAR: Feb. 8, 1977
27. 1502 California Ave. Klamath Falls, Ore. 97601
28. RESERVED FOR REGISTRAR'S USE

BURIAL

VS 107 REV. 2-73

ORIGINAL—VITAL STATISTICS COPY

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 Peterman Deputy Registrar
Date FEB 8 1977 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 27 day of July A.D., 19 77 at 3:58 o'clock P M., and duly recorded in Vol M 77, of July on Page 13457.

FEE $3.00

WM. D. MILNE, County Clerk

By Hazel Draper Deputy