39593 511 — Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

Vol. M 77 Page 22996

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First SCHUYLER	Middle FRANK	Last HARDENBROOK		2. DATE OF DEATH (month, day, year): August 31, 1977	
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 69	5b. Under 1 year: mos. / days	5c. Under 1 day: hours / min.	6. DATE OF BIRTH (month, day, year): December 20, 1907
7a. COUNTY OF DEATH: Deschutes	7b. CITY, TOWN, OR LOCATION OF DEATH: Bend	7c. Inside City Limits (specify yes or no): No	7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): St. Charles Med. Center		
8. STATE OF BIRTH (If not in U.S.A., name country): Wisconsin	9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11. NAME OF SPOUSE: Cynthia E. Hardenbrook		
12. SOCIAL SECURITY NUMBER: 518-09-1650	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): millwright	13b. KIND OF BUSINESS OR INDUSTRY: Lumber			
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Crescent	14d. Inside City Limits (specify yes or no): No	14e. STREET AND NUMBER OR R.F.D.: P.O.Box 10	
15. FATHER—NAME first middle last: Arthur Milo Hardenbrook	16. MOTHER—Maiden Name first middle last: Lucy Anna Ryder	17. INFORMANT—NAME and relationship to deceased: Cynthia Hardenbrook-Spouse			

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

18.		approximate interval between onset and death
Immediate cause	(a) ATHEROSCLEROTIC CORONARY ARTERY DISEASE	1 year
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b) due to, or as a consequence of:	
	(c) due to, or as a consequence of:	

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)	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)	

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	to month day year	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour)	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
11-12-76	8-23-77	8-23-77	DID NOT	DOA 12:20 P.M.	

22a. PHYSICIAN—SIGNATURE	22b. NAME (type or print) degree or Title	22c. DATE SIGNED (month, day, year)
[signature]	Ivan R. Eastwood, M.D.	8/31/77

23. MAILING ADDRESS—PHYSICIAN (street / city or town / state / zip): 1501 N. E. Medical Center Drive - Bend, Oregon 97701

24a. BURIAL, CREMATION, REMOVAL, MAUS (specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION city or town state	24d. DATE (mo., da., year)
Burial	Juniper Haven Cemetery	Prineville, Oregon	9-2-77

25a. FUNERAL DIRECTOR—SIGNATURE	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)
BY: [signature]	PRINEVILLE FUNERAL HOME 139 E. 10th Prineville, OR. TABOR FUNERAL HOME -714 N. W. Hill - Bend, Oregon 97701

26a. REGISTRAR—SIGNATURE	26b. DATE RECEIVED BY LOCAL REGISTRAR	27. DATE RECEIVED BY STATE REGISTRAR
[signature]	September 1, 1977	

28. RESERVED FOR REGISTRAR'S USE

VS-2 R-69

Ret; Cynthia E. Hardenbrook
P.O. Box 10
Crescent Ore 97733

STATE OF OREGON
COUNTY OF DESCHUTES

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Deschutes County Health Department.

[signature]
John K. Hamm, Registrar
Vital Statistics

SEAL

Sept 6 1977

'77 NOV 28 AM 11 51

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 28th day of NOVEMBER A.D., 19 77 at 11;51 o'clock A M., and duly recorded in Vol M 77, of DEEDS on Page 22996.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Bernetha A. Letsch Deputy