41805

402
Local File Number

STATE OF OREGON — HEALTH DIVISION
Vital Statistics Section

CERTIFICATE OF DEATH

Vol. M78 Page 965

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State File Number

DECEASED

1. DECEASED—NAME (First, Middle, Last): Harrison Mortin Stone
2. DATE OF DEATH (month, day, year): November 23, 1977
3. RACE (White, Negro, American Indian, etc. (specify)): White
4. SEX: Male
5a. AGE—Last birthday (years): 89
5b. Under 1 year: mos. days
5c. Under 1 day: hours min.
6. DATE OF BIRTH (month, day, year): May 9, 1888
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): Pres. Intercomm. Hospt.
8. STATE OF BIRTH (If not in U.S.A., name country): Florida
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Lola M. Stone
12. SOCIAL SECURITY NUMBER: 541-28-5008
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Carpenter
13b. KIND OF BUSINESS OR INDUSTRY: Construction

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): Yes
14e. STREET AND NUMBER OR R.F.D.: 2142 Darrow St.
15. FATHER—NAME (first middle last): Neri Stone
16. MOTHER—Maiden Name (first middle last): Hanna Baker
17. INFORMANT—NAME and relationship to deceased: Albert L. Stone, Son

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause
(a) Respiratory Arrest — Immediate
due to, or as a consequence of:
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last
(b) Naso Pharyngeal Carcinoma — 7 months
due to, or as a consequence of:
(c)

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):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: 6-4-75 (month day year) to Nov. 23, 1977 (month day year). And Last Saw Him/Her Alive on: 10-13-77. I Did/Did Not view the body after death (specify): Did Not. DEATH OCCURRED (hour): 2:45 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: S Bideleman MD
22b. NAME (type or print): Steven K. Bidleman degree or Title: M.D.
22c. DATE SIGNED (month, day, year): 11-28-77
23. MAILING ADDRESS—PHYSICIAN (street, city or town, state, zip): 2680 Uhrmann Rd. Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial
24b. CEMETERY OR CREMATORY—NAME: Roseburg Memorial Gard.
24c. LOCATION (city or town, state): Roseburg, Oregon
24d. DATE (mo., day, year): 11-29-77
25a. FUNERAL DIRECTOR—SIGNATURE: Mike Oliver
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marion Sherwood
26b. DATE RECEIVED BY LOCAL REGISTRAR: NOV 29 1977
DATE RECEIVED BY STATE REGISTRAR:
RESERVED FOR REGISTRAR'S USE
27.
28.

VS-2 R-69

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.

MARJORIE S. COMER, Registrar Vital Statistics

By Marion Sherwood, Deputy Registrar
Date NOV 29 1977 19

VOID IF ALTERED

(SEAL)

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 16th day of January A.D., 19 78 at 3:08 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 965.

WM. D. MILNE, County Clerk
By Beatrice Blair, Deputy

FEE $3.00