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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

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DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 566 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: First Carl; Middle A.; Last STOLPE
2. DATE OF DEATH (Month, Day, Year): May 10, 1978
3a. COUNTY OF DEATH: Washoe
3b. CITY, TOWN, OR LOCATION OF DEATH: Reno
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Washoe Medical Center
3d. If Hosp. or Inst. indicate (D)A, OP, Emer Rm, Inpatient (Specify): Inpt. Rm.
4a. RACE—(e.g., White, Black, American Indian, etc.) (Specify): White
4b. ETHNIC: Swedish-Finnish
5a. AGE—Last Birthday (Years): 71
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Mo. Day. Yr.): April 16, 1907
SEX: Male
8. STATE OF BIRTH (If not U.S.A., name country): Michigan
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Minnie Willmert
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 538-12-6283
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Professor
14b. KIND OF BUSINESS OR INDUSTRY: Oregon Institute of Technology

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE: Oregon
15b. COUNTY: Klamath
15c. CITY, TOWN, OR LOCATION: Klamath Falls
15d. STREET AND NUMBER: 108 Dahlia St.
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER—NAME: First Frank; Middle; Last Stolpe
17. MOTHER—MAIDEN NAME: First; Middle; Last

18a. INFORMANT—NAME (Type or Print): Minnie Stolpe
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 108 Dahlia St., Klamath Falls, Oregon

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Masonic Memorial Gardens
19c. LOCATION: City or Town: Reno; State: Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): [signature]
20b. NAME AND ADDRESS OF FACILITY: O'Brien, Rogers & Crosby, P.O. Box 6646, Reno, Nevada

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)
21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH AM PM
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by MEDICAL EXAMINER or Coroner Only

22a. On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) stated
(Signature and Title) Ralph M. Bailey Coroner
22b. DATE SIGNED (Mo., Day, Yr.): May 11,1978
22c. HOUR OF DEATH: 11:40 AM
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: May 10, 1978
22e. PRONOUNCED DEAD (Hour) AT: 11:40 AM

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)
23. Ralph M. Bailey, Coroner, PO Box 11130, 10 Kirman Ave., Reno, Nevada 89520

REGISTRAR
24a. (Signature) Linda J. Williamson Deputy Registrar
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): May 12, 1978

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Acute Coronary Artery Insufficiency — Interval between onset and death: 1 hour
DUE TO, OR AS A CONSEQUENCE OF:
(b) Arteriosclerotic Heart Disease — Interval between onset and death: years
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).
Congestive heart failure and hypertension

26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Specify Yes or No): Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
28b. DATE OF INJURY (Mo., Day, Yr.)
28c. HOUR OF INJURY AM PM
28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
28g. LOCATION — STREET OR R.F.D. No. — CITY OR TOWN — STATE

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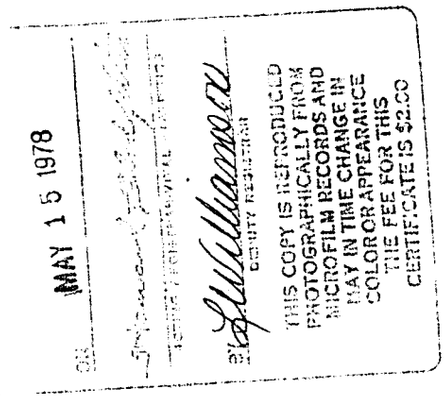

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of

this 22nd day of May A. D. 19 78 at 3:27 o'clock P M., and

duly recorded in Vol. M78, of Deeds on Page 10747

Wm D. MILNE, County Clerk

By Bernetha J. Belsick

Fee $6.00