Local File Number 534 '78 NOV 29 PM 2 40 Page 26826

CERTIFICATE OF DEATH

State File Number

Field	Entry
1. Deceased—Name (First, Middle, Last)	Pharis Halley Stubblefield
2. Date of Death (month, day, year)	November 22, 1978
3. Race (White, Black, American Indian, etc.) (specify)	White
4. Sex	Male
5a. Age—Last birthday (years)	68
5b. Under 1 year (mos., days)	
5c. Under 1 day (hours, min.)	
6. Date of Birth (month, day, year)	Missouri
7a. County of Death	Klamath
7b. City, Town or Location of Death	Klamath Falls
7c. Hospital or Other Institution—Name (if not in either, give street and number)	O'Connor's Haystack Ranch Rd. 8 Mi. East Hwy. 97
7d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm., Inpatient (specify)	
8. State of Birth (if not in U.S.A., name country)	Missouri
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced (specify)	Married
11. Spouse (if married, widowed)	Lola R. Stubblefield
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No)	Yes
13. Social Security Number	543-05-4381
14a. Usual Occupation (give kind of work done during most of working life, even if retired)	Laborer
14b. Kind of Business or Industry	Lumber
15a. Residence—State	Oregon
15b. County	Klamath
15c. City, Town, or Location	Klamath Falls
15d. Street and Number or R.F.D., Zip	1425 Mitchell St., 97601
15e. Inside City Limits (specify yes or no)	No
16. Father—Name (first, middle, last)	Arthur Stubblefield
17. Mother—Maiden Name (first, middle, last)	Elizabeth Darity
18. Informant—Name and relationship to deceased	Lola Ruth Stubblefield, Wife
19a. Burial, Cremation, Removal, Maus. (specify)	Burial
19b. Cemetery or Crematory—Name	Eternal Hills Memorial Gardens
19c. Location (city or town, state)	Klamath Falls, Oregon
20a. Funeral Service Licensee or Person Acting As Such (Signature)	[signature]
20b. Name and Address of Facility	O'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

To Be Completed By CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

Field	Entry
21a. (Signature)	Craig A. Bennett M.D.
21b. Date Signed (Mo., Day, Yr.)	Nov 24 78
21c. Hour of Death	4:43 P. M
21d. Name and Address of Certifier (Type or Print)	Craig A. Bennett M.D. 1905 Main St., Klamath Falls, Oregon 97601
21e. Name of Attending Physician if Other Than Certifier (Type or Print)	
22a. Date Received by Registrar (Mo., Day, Yr.)	NOV 27 1978
22b. Registrar (Signature)	Marian Ackerman

23. PART I. Immediate Cause — ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

	Cause	Interval between onset and death
(a)	Acute heart attack probable MI c arrhythmia	moments
(b) Due to, or as a consequence of:	Coronary artery disease	years
(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)

Field	Entry
24. Autopsy (Specify Yes or No)	No
25. Was Case Referred to Medical Examiner or Coroner (Specify Yes or No)	Yes
26a. Accident (Specify Yes or No)	
26b. Date of Injury (Mo., Day, Yr.)	
26c. Hour of Injury	M
26d. Describe How Injury Occurred	
26e. Injury at Work (Specify Yes or No)	
26f. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)	
26g. Location (Street or R.F.D. No., City or Town, State)	

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

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 Services.

(SEAL)

MARIAN ACKERMAN, Registrar Vital Statistics

By Marian Ackerman Deputy Registrar

Date NOV 28 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON, COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 29th day of November A.D., 19 78 at 2:40 o'clock P.M., and duly recorded in Vol M-78 of Deeds on Page 26826.

WM. D. MILNE, County Clerk

By Jacqueline J. Metler Deputy

FEE $3.00

Cah 3.00