65431

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics Section

Vol. M79 Page 8153

100
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME 1 First: Sylvia	Middle: Emma	Last: Stang		DATE OF DEATH (month, day, year) 2 April 4, 1979	
RACE White, Black, American Indian, etc.(specify) 3 White	SEX 4 Female	AGE—Last birthday (years) 5a 76	Under 1 year: mos / days 5b	Under 1 day: hours / min. 5c	DATE OF BIRTH (month, day, year) 6 September 4, 1902
COUNTY OF DEATH 7a Klamath	CITY, TOWN OR LOCATION OF DEATH 7b Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 7c Pres. Intercomm. Hospt.			IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A., name country) 8 California	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Widowed	SPOUSE (IF MARRIED, WIDOWED) 11 Edwin R. Stang		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 542-14-5302	USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Owner: Dry Cleaning	KIND OF BUSINESS OR INDUSTRY 14b Clothing Dry Cleaning			
RESIDENCE—STATE 15a Oregon	COUNTY 15b Klamath	CITY, TOWN, OR LOCATION 15c Klamath Falls	STREET AND NUMBER OR R.F.D., ZIP 15d 4629 Thompson St. 97601		Inside City Limits (specify yes or no) 15e No
FATHER—NAME first middle last 16 Wallace Azel Preston	MOTHER—Maiden Name first middle last 17 Lettie McCollum	INFORMANT—NAME and relationship to deceased 18 Clifford A. Clayton, son			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial	CEMETERY OR CREMATORY—NAME 19b Klamath Memorial Park	LOCATION city or town state 19c Klamath Falls, Oregon			
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) 20a Mike Glas	NAME AND ADDRESS OF FACILITY 20b 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.

21a [Signature] CERTIFIER — NAME AND TITLE (Type or Print) Glenn C. Miller, M.D.	DATE SIGNED [Mo., Day, Yr.] 21b Apr. 4, 1979	HOUR OF DEATH 21c 9:15 A. M	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print] Glenn C. Miller M.D.	MAILING ADDRESS (Street, city or town, state, zip) 1905 Main St., Klamath Falls, Ore. 97601		
21e			

DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.] 22a APR 5 1979	REGISTRAR 22b [Signature] Marian Ackerman

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].]

PART I
(a) Respiratory failure — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: Hours
(b) Chronic obstructive pulmonary disease — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: 3 years
(c) Bronchiectasis — Interval between onset and death: Years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No) 24 No

WAS CASE REFERRED TO MEDICAL EXAMINER 25 (Specify Yes or No) No

ACCIDENT (Specify Yes or No) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c M	DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO.	CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-8-78 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 APR 5 1979

VOID IF ALTERED

RET.
4525 BRISTOL
S.F. ORE
97601

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 13th day of April A.D., 19 79 at 3:08 m o'clock P M., and duly recorded in Vol M79, of Deeds on Page 8153.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha A. Ketsch Deputy