

42039

CERTIFICATE OF DEATH

State File Number

Local File Number

DECEASED—NAME First Middle Last GARLAND W. STEPHENS		DATE OF DEATH (month, day, year) 2 March 13, 1980	
RACE (White, Black, American Indian, etc. (Sp.-cliv)) White		AGE—Last birthday (years) 64	DATE OF BIRTH (month, day, year) 6 September 18, 1915
COUNTY OF DEATH Klamath	CITY, TOWN OR LOCATION OF DEATH Klamath Falls	HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) West Medical Center	
STATE OF BIRTH (If not in U.S.A., name country) Texas	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SPOUSE (IF MARRIED, WIDOWED) Gladys M. Stephens
SOCIAL SECURITY NUMBER 462-12-6735	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	KIND OF BUSINESS OR INDUSTRY Mining	
RESIDENCE—STATE Oregon	COUNTY Klamath	CITY, TOWN, OR LOCATION Chiloquin	STREET AND NUMBER OR R.F.D., ZIP P.O. Box 827 97624
FATHER—NAME first middle last Aggie Alexander Stephens	MOTHER—Maiden Name first middle last Lola Rue Huston	INFORMANT—NAME and relationship to deceased Gladys M. Stephens, wife	
BURIAL, CREMATION, REMOVAL, MAUS (Specify) Cremation	CEMETERY OR CREMATORY—NAME Eternal Hills Crematory	LOCATION city or town state Klamath Falls, Oregon 97601	
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature) William J. Newport	NAME AND ADDRESS OF FACILITY Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21a (Signature) [Signature]		DATE SIGNED (Mo., Day, Yr.) 3/17/80	HOUR OF DEATH 7:15 P M
NAME AND ADDRESS OF CERTIFIER (Type or Print) F. Geoffrey Marx, MD, Medical-Dental Bldg., 905 Main Street, Klamath Falls, Oregon			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) MAR 17 1980		REGISTRAR 22b (Signature) [Signature]	
23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] (a) Chronic Myelogenous Leukemia DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____			Interval between onset and death 2-3 yrs.
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No) No
ACCIDENT (Specify Yes or No)			WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER No
DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	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-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.

MARIAN ACKERMAN, Registrar Vital Statistics

By Shelia Marie, Deputy Registrar
Date March 17, 1980

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 13th day of March A.D., 19 80 at 2:13 o'clock P.M., and duly recorded in Vol. 780 of Records on Page 5093.

FEE \$5.00

WM. D. MILNE, County Clerk
By Donna H. Hirsch Deputy