

Local File Number: 252 State File Number: \_\_\_\_\_

**DECEASED—NAME** First Middle Last: **ELISHA BRUTON STEWART**

**RACE** White **SEX** Male **AGE—Last birthday (years)** 81

**DATE OF DEATH (month, day, year)** July 9, 1980

**DATE OF BIRTH (month, day, year)** August 2, 1898

**CITY, TOWN OR LOCATION OF DEATH** Klamath Falls **HOSPITAL OR OTHER INSTITUTION—NAME** 1764 Wiard Street

**COUNTY OF DEATH** Klamath

**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)** Lillian

**WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)** Yes

**SOCIAL SECURITY NUMBER** 563 - 36 - 7899 **USUAL OCCUPATION (give kind of work done during most of working life, even if retired)** Meter Reader / Retired **KIND OF BUSINESS OR INDUSTRY** City of Pasadena

**RESIDENCE—STATE** Oregon **COUNTY** Klamath **CITY, TOWN, OR LOCATION** Klamath Falls **STREET AND NUMBER OR R.F.D., ZIP** 1764 Wiard Street X 97601

**FATHER—NAME** first middle last: Arnest B. Stewart **MOTHER—Maiden Name** first middle last: Ida Caddell

**INFORMANT—NAME and relationship to deceased** Lillian Stewart / Wife X

**BURIAL, CREMATION, REMOVAL, MAUS (specify)** Burial **CEMETERY OR CREMATORY—NAME** Eternal Hills Memorial Gardens

**LOCATION** city or town state: Klamath Falls, Oregon

**FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)** *Kenneth K. Magee* **NAME AND ADDRESS OF FACILITY** WARD'S / 1945 Main / Klamath Falls, Or. / 97601

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

**21a (Signature)** *Kenneth K. Magee* **21b (Name and Address of Certifier)** Kenneth K. Magee, M.D. / 409 Med-Dent Bldg / Klamath Falls, Oregon

**21c (Date Signed)** 7-10-80 **21d (Hour of Death)** 12:40 A.M.

**21e (Name of Attending Physician if other than certifier)** \_\_\_\_\_

**22a (Date Received by Registrar)** July 11, 1980 **22b (Signature)** *Marian Ackerman*

**23 IMMEDIATE CAUSE** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) *Cod death* Interval between onset and death: *minutes*

(b) *Arteriosclerotic Heart Disease* Interval between onset and death: *years*

(c) *generalized atherosclerosis* Interval between onset and death: *1*

**24 ACCIDENT (Specify Yes or No)** No **DATE OF INJURY (Mo., Day, Yr.)** \_\_\_\_\_ **HOUR OF INJURY** \_\_\_\_\_ **DESCRIBE HOW INJURY OCCURRED** \_\_\_\_\_

**25 INJURY AT WORK (Specify Yes or No)** \_\_\_\_\_ **PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)** \_\_\_\_\_ **LOCATION** STREET OR R.F.D. NO. CITY OR TOWN STATE \_\_\_\_\_

**26 RESERVED FOR REGISTRAR'S USE**

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 July 11 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 11th day of July A.D., 19 80 at 4:22 o'clock P M., and duly recorded in Vol. M80 of Deeds on Page 12929.

FEE \$3.50

WM. D. MILNE, County Clerk

By *Bessie A. Detach* Deputy

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