4256

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

T/R 38-23E-24-0-T
Vol. M-81 Page 16201

1 356
Local File Number

CERTIFICATE OF DEATH

State File Number

1 DECEASED—NAME: First: Joseph	Middle: William	Last: Stidham	2 DATE OF DEATH (month, day, year): October 3, 1979		
3 RACE White, Black, American Indian, etc.(specify): White	4 SEX: Male	5a AGE—Last birthday (years): 85	Under 1 year: 5b months / days	Under 1 day: 5c hours / min	6 DATE OF BIRTH (month, day, year): August 18, 1894
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): 91 W. Oregon Ave.			7d IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): No
8 STATE OF BIRTH (If not in U.S.A., name country): Oklahoma	9 CITIZEN OF WHAT COUNTRY: U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married	11 SPOUSE (IF MARRIED, WIDOWED): Betty E. Stidham		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13 SOCIAL SECURITY NUMBER: 447-01-2527	14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Dry Kiln Fireman	14b KIND OF BUSINESS OR INDUSTRY: Brick Manufacturing			
15a RESIDENCE—STATE: Oregon	15b COUNTY: Klamath	15c CITY, TOWN, OR LOCATION: Klamath Falls	15d STREET AND NUMBER OR R.F.D., ZIP: 91 W. Oregon Ave.		15e Inside City Limits (specify yes or no): Yes
16 FATHER—NAME first middle last: Billy Stidham	17 MOTHER—Maiden Name first middle last: Priscilla Marsh	18 INFORMANT—NAME and relationship to deceased: Betty E. Stidham - 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 St. 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): [signature]	21b DATE SIGNED (Mo., Day, Yr.): 10-4-79	21c HOUR OF DEATH: 10:40 P. M			
CERTIFIER — NAME AND TITLE (Type or print): 21d Kenneth L. Tuttle M.D.	MAILING ADDRESS (Street, city or town, state, zip): 2680 Uhrmann Road Klamath Falls, Oregon 97601				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 21e					
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): OCT 8 1979	22b REGISTRAR (Signature): JoAnne Pratt				

PART I

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

(a) Liver Failure — Interval between onset and death: 6 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(b) Metastatic Adenocarcinoma of the Gall Bladder — Interval between onset and death: 8 Months

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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

24 AUTOPSY (Specify Yes or No): No

25 WAS CASE REFERRED TO MEDICAL EXAMINER (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

After recording return to:
Bettie C. Stidham
91 West Oregon
Klamath Falls, OR 97601

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 JoAnne Pratt, Deputy Registrar

Date OCT 9 1979

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 September A.D., 1981 at 3:49 o'clock P. M., and duly recorded in Vol M-81, of Deeds on page 16201.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By [signature] deputy