

22349

CERTIFICATE OF DEATH

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SEE
VDSBOOK

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Vital Records Unit

Local File Number

State File Number

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DECEASED—NAME		First		Middle		Last		State File Number	
1 JOHN		R.		STEWART				2 March 22, 1983	
RACE White, Black, American Indian, etc. (Specify)		SEX		AGE—Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 72		5b		5c	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in other, give street and number)		IF HOSP. OR INST. Indicate DOA, OP, Emer., Rm., Inpatient (Specify)		DATE OF BIRTH (month, day, year)		COUNTY OF DEATH	
7a Klamath Falls		7b Mtn. View Care Center		7c Inpatient		6 April 7, 1910		7d Klamath	
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Oklahoma		9 U.S.A.		10 Married		11 Marjorie G. Stewart		12 Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 559-05-2771		14a District Foreman		14b Pacific Gas Transmission					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (Specify yes or no)	
15a Oregon		15b Klamath		15c Klamath Falls		15d 4444 Barry Drive		15e No	
FATHER—NAME		MOTHER—Name		INFORMANT NAME and relationship to decedent					
16 Edward Riley Stewart		17 Emma Leota Mills		18 Marjorie G. Stewart, wife				X	
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		city or town		state	
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon 97601					
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
20a William F. Davenport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97601		21b March 23, 1983		21c 4:30 A M			
NAME AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
21d John D. Merryman, MD, 303 Pine Street, Klamath Falls, Oregon 97601									
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR							
22a MAR 23 1983		22b [Signature] Claudia Francis							
PART I IMMEDIATE CAUSE		(LIMIT ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
(a) Cardiac Arrest								Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:								5 min	
(b) Atherosclerosis								Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:								5 yrs	
(c) Cerebral arteriosclerosis								Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:								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)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
23		24 No		25 No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c		26d			
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	
26e No		26f		26g					
RESERVED FOR REGISTRAR'S USE									

HS-2 (Rev. 1/80)

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 Claudia Francis, Deputy Registrar

Date MAR 25 1983

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 12 day of April A.D., 1983 at 1:48 o'clock P M, and duly recorded in Vol M83, of 0 Deeds on page 5488.

Fee \$4.00

EVELYN BIEHN COUNTY CLERK

by Claudia Francis Deputy