of Oregon 34954
ION STATE PERMIT DIVISION
rtment of Human Resources

ASPEN-27416-8

CERTIFICATE OF DEATH

Vol. M84 Page 5013

Vital Records Unit

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

84
Local File Number

State File Number

DECEASED—NAME First: LESTER Middle: LEE Last: STAMPER

1 RACE White, Black, American Indian, etc. (specify): White
3 SEX: Male
4 AGE—Last birthday (years): 72
5a Under 1 year: mos / days
5b Under 1 day: hours / min
5c
2 DATE OF DEATH (month, day, year): March 9, 1982
6 DATE OF BIRTH (month, day, year): February 13, 1910

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls
7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center
7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient
7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Oregon
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11 SPOUSE (IF MARRIED, WIDOWED): Lillian
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 533 / 10 / 1235
14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Savings Officer
14b KIND OF BUSINESS OR INDUSTRY: Savings & Loan

14c RESIDENCE—STATE: Oregon
15b COUNTY: Klamath
15a CITY, TOWN, OR LOCATION: Klamath Falls
15d STREET AND NUMBER OR R.F.D., ZIP: 2229 Laurel Street 97601
15e Inside City Limits (specify yes or no): No

16 FATHER—NAME first middle last: Charles H. Stamper
17 MOTHER—Maiden Name first middle last: Clara Bell Atteberry
18 INFORMANT—NAME and relationship to deceased: Lillian M. Stamper / Wife

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Cremation
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]: James R. Plaskett
20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Or - 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]: Glenn Gailis
21b DATE SIGNED [Mo., Day, Yr.]: 3/9/82
21c HOUR OF DEATH: 1:05a M
21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Glenn G. Gailis, MD / 1905 Main / Klamath Falls, Oregon 97601
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: MAR 10 1982
22b REGISTRAR [Signature]: Glenda Jeanes

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

PART I
(a) CARDIO RESPIRATORY ARREST — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: MINUTES
(b) ARTERIO SCLEROTIC VASCULAR DISEASE — DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death: YEARS
(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)

26a ACCIDENT [Specify Yes or No]: No
26b DATE OF INJURY [Mo., Day, Yr.]:
26c HOUR OF INJURY:
26d DESCRIBE HOW INJURY OCCURRED:
24 AUTOPSY [Specify Yes or No]: No
25 WAS MEDICAL EXAMINER NOTIFIED [Specify Yes or No]: No

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

HS-2 (Rev. 1/80)

After recording return to:
Lillian Stamper
705 S.W. 88th Avenue
Portland, OR 97225

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 Glenda Jeanes, Deputy Registrar
Date MAR 11 1982

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 29th day of March A.D., 19 84 at 3:39 o'clock P M. and duly recorded in Vol M84, of Deeds on page 5013.

Fee: $ 4.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy