

56246

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

VOL 51 PAGE 342

4- 5824
Vol. *mg4* Page 7388

Local File Number

CERTIFICATE OF DEATH

State File Number

LOCAL FILE NUMBER				State File Number			
1 John		2 William		3 STENKAMP		4 DATE OF DEATH (month, day, year) April 3, 1984	
5 RACE White Black American Indian, etc. (Specify)		6 SEX Male		7 AGE —Last birthday (years) 5a 63		8 DATE OF BIRTH (month, day, year) July 16, 1920	
9 CITY, TOWN OR LOCATION OF DEATH Lapine		10 HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) 51495 Riverland		11 IF HOSP OR INST. indicate DOA OP: Emer. Rm. Inpatient (Specify) 7c —		12 COUNTY OF DEATH Deschutes	
13 STATE OF BIRTH (If not in U.S.A. name country) Germany		14 CITIZEN OF WHAT COUNTRY USA		15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married		16 SPOUSE (IF MARRIED, WIDOWED) 11 Dorothy	
17 SOCIAL SECURITY NUMBER 544-09-6608		18 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a Accounting		19 KIND OF BUSINESS OR INDUSTRY 14b Banking		20 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes	
21 RESIDENCE—STATE Oregon		22 COUNTY Deschutes		23 CITY, TOWN, OR LOCATION Lapine		24 STREET AND NUMBER OR R.F.D., ZIP 51495 Riverland 97739	
25 FATHER—NAME first middle last Joseph J. Stenkamp		26 MOTHER—first middle last (Maiden Name) Elizabeth B. Schmeing		27 INFORMANT NAME and relationship to decedent Dorothy Stenkamp wife		28 Inside City Limits (Specify Yes or No) 15e No	
29 BURIAL, CREMATION, REMOVAL, MAUS. (Specify) Burial		30 CEMETERY OR CREMATORY NAME Pilot Butte Cemetery		31 LOCATION city or town state Bend Oregon		32 FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) Nathan L. Williams	
33 NAME AND ADDRESS OF FACILITY Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR. 97701		34 DATE SIGNED (MM, Day, Yr.) 4-3-84		35 HOUR OF DEATH 9:10 A. M.		36 TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date and place and due to the cause(s) stated. Ivan R. Eastwood, M.D. 1501 N.E. Medical Center Dr. Bend, Oregon 97701	
37 NAME AND ADDRESS OF CERTIFIER (Type or Print) Ivan R. Eastwood, M.D. 1501 N.E. Medical Center Dr. Bend, Oregon 97701		38 DATE RECEIVED BY REGISTRAR (MM, Day, Yr.) 4-5-84		39 REGISTRAR (Signature) Jacqueline Mathis, Dep. Registrar		40 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Cardiorespiratory collapse - ? MI	
41 PART I (a) DUE TO, OR AS A CONSEQUENCE OF		42 (b) DUE TO, OR AS A CONSEQUENCE OF		43 (c) DUE TO, OR AS A CONSEQUENCE OF		44 OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I (a)	
45 ACCIDENT (Specify Yes or No) No		46 DATE OF INJURY (MM, Day, Yr.) 26b		47 HOUR OF INJURY 26c		48 DESCRIBE HOW INJURY OCCURRED M 26d	
49 INJURY AT WORK (Specify Yes or No) No		50 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f		51 LOCATION 26g		52 STREET OR R.F.D. NO. 26h	
53 CITY OR TOWN 26i		54 STATE 26j		55 RESERVED FOR REGISTRAR'S USE		56 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No	

ORIGINAL - VITAL STATISTICS COPY

4, 2 14 9 12 8 1

STATE OF OREGON, COUNTY OF DESCHUTES

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

NOT VALID WITHOUT RAISED SEAL OF
DESCHUTES COUNTY HEALTH DEPARTMENT

Jacqueline Mathis, Deputy Registrar
JACQUELINE MATHIS, DEPUTY REGISTRAR

April 5, 1984

NISWONGER-REYNOLDS, INC.
P.O. BOX 229
BEND, OREGON 97709

STATE OF OREGON,)
County of Klamath)

Filed for record at request of

on this 3rd day of May A.D. 19 84
at 1:14 o'clock P M, and duly
recorded in Vol. M84 of Deeds
Page 7388

EVELYN BIEHN, County Clerk

By Ben Smith Deputy

Fee 4.00

State of Oregon } ss.
County of Lake }

I hereby certify that the within instrument was received and filed for record on the 24 day of January 1984 at 12:30 o'clock P.M. and recorded on Page 198 of book 198 Record of Deeds of said County.

of 1000000 of said County

James H. H. H. H.
County Clerk

By _____ Deputy