

41327

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

Vol. M84 Page 16152

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last HORACE L. STEWART		DATE OF DEATH (month, day, year) September 12, 1984	
RACE White, Black, American Indian, etc. (specify) White		SEX Male	AGE—Last birthday (years) 86
CITY, TOWN OR LOCATION OF DEATH Klamath Falls		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number) Merle West Medical Center	DATE OF BIRTH (month, day, year) April 22, 1898
STATE OF BIRTH (If not in U.S.A. name country) Arkansas		CITIZEN OF WHAT COUNTRY U.S.A.	COUNTY OF DEATH Klamath
SOCIAL SECURITY NUMBER 443-12-2344		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Custodian	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
RESIDENCE—STATE Oregon		CITY, TOWN, OR LOCATION Klamath Falls	KIND OF BUSINESS OR INDUSTRY Public Schools
FATHER—NAME first middle last William - Stewart		MOTHER—first middle last Minda - Weeks	INFORMANT NAME and relationship to deceased Angeline Stewart, Wife
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		CEMETERY OR CREMATORY—NAME Klamath Memorial Park	LOCATION City or town state Klamath Falls, Oregon
FUNERAL SERVICE LICENSEE OR Person Acting As Such (Signature) Mike Ma		NAME AND ADDRESS OF FACILITY Q'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore.	
To be Completed by CERTIFYING PHYSICIAN Only 21a (Signature) Kenneth K. Magee NAME AND ADDRESS OF CERTIFIER (Type or Print) Kenneth K. Magee, M.D., Medical Dentl. Bld., Klamath Falls, Oregon 97601		DATE SIGNED (Mo., Day, Yr.) 9-13-84	HOUR OF DEATH 8:39 A. M
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 13 1984		REGISTRAR (Signature) M. Ackerman	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Reentrant Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (c) Arteriosclerotic Heart Disease		Interval between onset and death minutes Days years	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No	
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
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

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

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 (Signature) Deputy Registrar

Date SEP 13 1984

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 18th day of September A.D., 1984 at 4:35 o'clock P. M., and duly recorded in Vol. M84 of Deeds on page 16152.

Fee: \$4.00 Index: \$1.00

EVELYN BIEHN, COUNTY CLERK

by: (Signature) Deputy

Return: Angeline Stewart 1840 Gary St. Klamath Falls, Ore. 97603