STATE OF OREGON OREGON STATE HEALTH DIVISION

DECEASED NAME	First HORACE	Middle L.	ATE OF DEATH	State DATE OF DEA	File Number TH (month, day, year)
RACE White, Black America etc (specify) White		AGE—Last birthda	STEWART Under 1 year	2 Septer	mber 12, 1984
CITY, TOWN OR LOCATION	Male	(years) 86	mos days no		1898 (Month, day, year)
Klamath Fall	S (If not in ei	OR OTHER INSTITUTION ther, give street and number) Le West Medica	12		COUNTY OF DEATH
STATE OF BIRTH (If not in Uname country)	ISA. CITIZEN OF WHA	ALCOUNTRY MARRIED	1 Center 7 D. NEVER MARRIED. SPOUS D. DIVORCED (Specify)	CInpatient E (IF MARRIED, WIDOWED)	7d Klamath
8 Arkansas SOCIAL SECURITY NUMBER	9 U.S.A	10 Mam	mi a d	eline Stowart	WAS DECEDENT EVER IN ARMED FORCES? (Specify
13 443-12-2344	of working	OCCUPATION (give kind of w g life, even if refired) Ustodian	and during most	IND OF BUSINESS OR INDUS	TRY
RESIDENCE-STATE	COUNTY	CITY, TOWN, OR LO	CATION STREET AND N	Public Schoo	
FATHER NAME first	15b Klamath	15Klamath	Ealls 1501840 C) '9/6	1
16 William - S		MOTHER—first middle	last (Maiden Name) IN	FORMANT NAME and relation	15e No
BURIAL, CREMATION, REMOVAL, MAUS. (specify)	CEMETERY OR CRE	7 Minda - Weel	(S	Angeline Stewa	
19a Burial FUNERAL BERVICE LICENSE [Signature]	19b Klamat	h Memorial Par	·k		city or town stat
202-10	All and as such	O'Hair's Fune	FFACILITY		h Falls, Orego
of the best of my known due to the cause(s) sta	wiedge, death occurred at the tated	ime, date and place and	eral Chapel, Inc.	, 515 Pine St.	, Klamath Fall
2 is 21a i Signaturo i is	V XX V	hoo oo	216 9-13	C	OUR OF DEATH
Kenneri	S OF CERTIFIER (Type or Print	0 7			c 0.39 A. M
11445 05	PHYSICIAN IF OTHER THAN	CERTIFIER LA	entl. Bld., Klam	ath Falls, Oreg	gon 97601
ਲ 21e		OZIMI ZA (1920 OF PRINT)			
DATE RECEIVED BY REGIST		REGISTRAR	14	0	
SEP 13 IMMEDIATE CAUSE	1984	22b [Signature]	thum &	raviho	
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DUE TO, OR AS A CONSE	QUENCE OF:				minute
(b) Re	munt my	ocadial of	Hartin		Interval between onset and
DUE TO, OR AS A CONSE	QUENCE OF	11 00	Targa-		Doys
(c) Orter	indistre	Head Die	lose		Interval between onset and o
				i	
TI OTHER SIGNIFICANT C	UNDITIONS—Conditions contri	ibuting to death but not relate	d to cause given in PART I (a)	AUTOPSY (Specify Yes WA	/
				24 N-	S MEDICAL EXAMINER NO ecily Yes or Au
OCIDENT [Specify Yes or No]				0/ NO 150	S MÉDICAL EXAMINER NO
CCIDENT (Soecify Yes or No)	DATE OF INJURY (Mb., Day, 26b	MOUR OF INJURY	DESCRIBE HOW INJURY OF	24 NO 25 CCURRED	S MÉDICAL EXAMINER NO eculy Yes of Act
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