

42681

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

Vol. 1884 Page

18486

Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED—NAME First Middle Last WINIFRED STILWELL		DATE OF DEATH (month, day, year) 2 October 4, 1984	
RACE White, Black, American Indian, etc. (specify) White		SEX Female	AGE—Last birthday (years) 63
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	IF HOSP OR INST. Indicate DOA, OP, Emer, Rm., Inpatient (Specify) Inpatient
STATE OF BIRTH (If not in U.S.A. name country) Oregon		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married
SOCIAL SECURITY NUMBER 543-12-2230		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Homemaker	SPOUSE (IF MARRIED, WIDOWED) James F. Stilwell
RESIDENCE—STATE Oregon		COUNTY Klamath	CITY, TOWN, OR LOCATION Klamath Falls
FATHER—NAME first middle last W.W. Southwell		MOTHER—first middle last Jennie - Metcalf	STREET AND NUMBER OR R.F.D., ZIP 5170 So. Etna St. 97603
BURIAL, CREMATION, REMOVAL, MAUS. (specify) Cremation		CEMETERY OR CREMATORY—NAME Klamath Cremation Service	LOCATION city or town state Klamath Falls, Oregon
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) <i>Thomas Klump</i>		NAME AND ADDRESS OF FACILITY O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Ore	
NAME AND ADDRESS OF CERTIFIER (Type or Print) Thomas Klump, M.D., 2600 Clover St., Klamath Falls, Oregon 97601		DATE SIGNED (Mo., Day, Yr.) 10/8/84	HOUR OF DEATH 5:04 P. M.
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR <i>Marian Ackerman</i>	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
(a) DUE TO, OR AS A CONSEQUENCE OF: Cardiac Arrhythmia		Interval between onset and death 4 DAYS	
(b) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Embolism or Primary Arrhythmia		Interval between onset and death 4 DAYS	
(c) DUE TO, OR AS A CONSEQUENCE OF: MULTIPLE MYELOMA		Interval between onset and death 4 YEARS	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
ACCIDENT (Specify Yes or No)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
26a	26b	26c	26d
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION
26e	26f	STREET OR R.F.D. NO CITY OR TOWN STATE	
RESERVED FOR REGISTRAR'S USE		26g	

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 *Marian Ackerman*, Deputy Registrar

Date **OCT 8 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 29th day of October A.D., 1984 at 3:29 o'clock P M, and duly recorded in Vol 1884 of Deeds on page 18486.

Fee: \$4.00 Index: \$1.00

EVELYN BIEHN, COUNTY CLERK

Ret: *James F. Stilwell & Co* 519 Main St KFO
by: *Pam Smith*, Deputy