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

Vol. M85 Page 14603

124
Local File Number

CERTIFICATE OF DEATH

State File Number

- **DECEASED—NAME (First, Middle, Last)** 1: John William STENKAMP
- **DATE OF DEATH (month, day, year)** 2: April 3, 1984
- **RACE** White, Black, American Indian, etc. (specify) 3: White
- **SEX** 4: Male
- **AGE—Last birthday (years)** 5a: 63
- **Under 1 year (mos, days)** 5b:
- **Under 1 day (hours, min)** 5c:
- **DATE OF BIRTH (month, day, year)** 6: July 16, 1920
- **CITY, TOWN OR LOCATION OF DEATH** 7a: LaPine
- **HOSPITAL OR OTHER INSTITUTION—NAME** (If not in either, give street and number) 7b: 51495 Riverland
- **IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)** 7c: –
- **COUNTY OF DEATH** 7d: Deschutes
- **STATE OF BIRTH** (If not in U.S.A. name country) 8: Germany
- **CITIZEN OF WHAT COUNTRY** 9: USA
- **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)** 10: Married
- **SPOUSE (IF MARRIED, WIDOWED)** 11: Dorothy
- **WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)** 12: Yes
- **SOCIAL SECURITY NUMBER** 13: 544-09-6608
- **USUAL OCCUPATION** (give kind of work done during most of working life, even if retired) 14a: Accounting
- **KIND OF BUSINESS OR INDUSTRY** 14b: Banking
- **RESIDENCE—STATE** 15a: Oregon
- **COUNTY** 15b: Deschutes
- **CITY, TOWN, OR LOCATION** 15c: LaPine
- **STREET AND NUMBER OR R.F.D., ZIP** 15d: 51495 Riverland 97739
- **Inside City Limits (specify yes or no)** 15e: No
- **FATHER—NAME (first, middle, last)** 16: Joseph J. Stenkamp
- **MOTHER—first, middle, last (Maiden Name)** 17: Elizabeth B. Schmeing
- **INFORMANT—NAME and relationship to deceased** 18: Dorothy Stenkamp wife
- **BURIAL, CREMATION, REMOVAL, MAUS. (specify)** 19a: Burial
- **CEMETERY OR CREMATORY—NAME** 19b: Pilot Butte Cemetery
- **LOCATION (City or town, State)** 19c: Bend Oregon
- **FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)** 20a: Kathren L. Williams
- **NAME AND ADDRESS OF FACILITY** 20b: Niswonger-Reynolds, Inc. 105 N.W. Irving Bend, OR. 97701

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): [signature]
- **DATE SIGNED (Mo. Day Yr.)** 21b: 4-3-84
- **HOUR OF DEATH** 21c: 9:10 A. M
- **NAME AND ADDRESS OF CERTIFIER (Type or Print)** 21d: Ivan R. Eastwood, M.D. 1501 N.E. Medical Center Dr. Bend, Oregon 97701
- **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)** 21e:
- **DATE RECEIVED BY REGISTRAR (Mo. Day Yr.)** 22a: 4-5-84
- **REGISTRAR** 22b (Signature): Jacqueline Mathis, Dep. Registrar

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

- PART I (a): Cardiorespiratory collapse – ? MI — Interval between onset and death: 1 minute
- DUE TO, OR AS A CONSEQUENCE OF (b): — Interval between onset and death:
- DUE TO, OR AS A CONSEQUENCE OF (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)): Emphysema, diverticulitis, [illegible]
- **AUTOPSY (Specify Yes or No)** 24: No
- **WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)** 25: No
- **ACCIDENT (Specify Yes or No)** 26a: No
- **DATE OF INJURY (Mo. Day Yr.)** 26b:
- **HOUR OF INJURY** 26c: M
- **DESCRIBE HOW INJURY OCCURRED** 26d:
- **INJURY AT WORK (Specify Yes or No)** 26e:
- **PLACE OF INJURY**—At home, farm, street, factory, office building, etc. (Specify) 26f:
- **LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)** 26g:

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

45-2 REV 12-83

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
DATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ of September A.D., 19 85 at 9:30 o'clock A M., and duly recorded in Vol. M85, of Deeds on Page 14603 the 11th day

FEE $5.00

Evelyn Biehn, County Clerk
By Pam Smith