

DECEASED - NAME 1 Vera P. STUART		DATE OF DEATH (month, day, year) 2 October 26, 1985	
RACE White, Black, American Indian, etc. (specify) 3 White		SEX 4 Female	
CITY, TOWN, OR LOCATION OF DEATH 7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give street and number) 7b Klamath Co. Convalescent Cent.	
STATE OF BIRTH (if not in U.S. name country) 8 Oregon		CITIZEN OF WHAT COUNTRY 9 U.S.A.	
SOCIAL SECURITY NUMBER 13 541-22-1433		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 14a Homemaker	
RESIDENCE - STATE 15a Oregon		CITY, TOWN, OR LOCATION 15b Klamath	
FATHER - NAME first middle last 15c Frank Herbert Van de Carr		MOTHER - first middle last (Maiden Name) 15d Florence Eugenia Hill	
BIRTHAL, CREMATION, REMOVAL, MAUS. (specify) 19a Burial		CEMETERY OR CREMATORY - NAME 19b Klamath Memorial Park	
FUNERAL SERVICE LICENSEE Or Person Acting As Such 20a Michael J. Casey, M.D.		NAME AND ADDRESS OF FACILITY 20b O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22a OCT 28 1985		REGISTRAR 22b Marian Ackerman	
IMMEDIATE CAUSE 23a Heart Attack		INTERVAL BETWEEN ONSET AND DEATH 23b 8 weeks	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) 24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 Yes	
ACCIDENT (Specify Yes or No) 26a No		DATE OF INJURY (Mo., Day, Yr.) 26b 10-28-85	
HOUR OF INJURY 26c 7:47 A.		DESCRIBE HOW INJURY OCCURRED 26d Stroke	
INJURY AT WORK (Specify Yes or No) 26e No		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26f Home	
LOCATION 26g 2716 Derby St.		STREET OR R.F.D. NO 26h 2716 Derby St.	
CITY OR TOWN 26i Klamath Falls		STATE 26j Ore.	

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-78

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

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of November A.D., 19 85 at 2:13 o'clock P M., and duly recorded in Vol. M85 of Deeds on Page 18633

FEE \$5.00

Evelyn Biehn,
By *Dan Smith* County Clerk

P.O. Box 940
Klamath Falls, Or 97601