58866 '86 FEB 19 PM 2 58 Vol M86 Page 2866

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

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

54 Local File Number

State File Number

DECEDENT

1 DECEASED—NAME: First ROY Middle EDWARD Last STEPHENSON

2 DATE OF DEATH (month, day, year): February 11, 1986

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Male

5a AGE—Last Birthday (years): 79

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): August 6, 1906

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Merle West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Mildred

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 543 - 10 - 0145

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Pondman - Retired

14b KIND OF BUSINESS OR INDUSTRY: Lumber Mill

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 630 N. 11th Street 97601

15e Inside City Limits (specify yes or no): Yes

16 FATHER—NAME first middle last: Fred Stephenson

17 MOTHER—first middle last (Maiden Name): Lena

18 INFORMANT—NAME and relationship to deceased: Mildred Stephenson / Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUS. (Specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION city or town, state: Klamath Falls, Or.

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature): James K. Carroll

20b NAME AND ADDRESS OF FACILITY: WARD'S - 1945 Main - Klamath Falls, Or. - 97601

CERTIFIER

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]: Blake Berven

21b DATE SIGNED (Mo., Day, Yr.): February 12, 1986

21c HOUR OF DEATH: 6:12 P M

NAME AND ADDRESS OF CERTIFIER (Type or Print): Blake D. Berven, MD / 2616 Clover / Klamath Falls, Oregon / 97601

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): FEB 13 1986

22b REGISTRAR [Signature]: Katherine E. Cranmer

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

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

PART I

(a) Acute Myocardial Infarction — Interval between onset and death: 5 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(b) ASHD — Interval between onset and death: 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(c) Diabetes Mellitus — Interval between onset and death: 10 years

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

26a ACCIDENT (Specify Yes or No)	26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED	24 AUTOPSY (Specify Yes or No)	25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)
		M			

26e INJURY AT WORK (Specify Yes or No)	26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	26g LOCATION STREET OR R.F.D. NO.	CITY OR TOWN	STATE

RESERVED FOR REGISTRAR'S USE

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.

[SEAL]

MARIAN ACKERMAN, Registrar Vital Statistics

By Katherine E. Cranmer *Deputy Registrar*

Date February 13, 1986

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 _____ the 18th day of February A.D., 19 86 at 2:58 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 2866.

FEE $5.00

Evelyn Biehn County Clerk
By Bernetha D Ketsch

Return to: Mildred Stephenson-630 N. 11th st.-Klamath Falls, OR 97601