86 FEB 20 PM 1

CERTIFICATE OF DEATH

Vital Records Unit

335

Local File Number

State File Number

DECEDENT—NAME: 1 First: Glen Middle: E. Last: Stone

2 DATE OF DEATH (month, day, year): September 17, 1982

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

4 SEX: Male

5a AGE (Last birthday (years)): 41

5b Under 1 year (mos. / days): 5c Under 1 day (hours / min.)

6 DATE OF BIRTH (month, day, year): May 20, 1941

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 Cen.

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): Texas

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

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

11 SPOUSE (IF MARRIED, WIDOWED): Pamela A. Stone

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

13 SOCIAL SECURITY NUMBER: 555-52-3526

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

14b KIND OF BUSINESS OR INDUSTRY: Disabled-Chronic Disease

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Keno

15d STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 535 97627

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

16 FATHER—NAME first middle last: Arthur Stone

17 MOTHER—Maiden Name first middle last: Lora Thompson

18 INFORMANT—NAME and relationship to deceased: Pamela A. Stone

19a BURIAL, CREMATION, REMOVAL, OTHER (specify): Cremation

19b CEMETERY OR CREMATORY—NAME: Klamath Cremation Service

19c LOCATION city or town state: Klamath Falls,Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Merrill Ferd

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel,515 Pine St.Klamath Falls,Ore.97601

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]:

21b DATE SIGNED [Mo., Day, Yr.]: 9/17/82

21c HOUR OF DEATH: 1:50 A. M

21d NAME AND ADDRESS OF CERTIFIER [Type or Print]: Dr. F. Geoffrey Marx 2614 Clover St. Klamath Falls,Oregon 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER [Type or Print]:

22a DATE RECEIVED BY REGISTRAR [Mo., Day, Yr.]: SEP 2 1 1982

22b REGISTRAR [Signature]: Claudia Francis

CAUSE OF DEATH

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

PART I (a) Respiratory Failure — Interval between onset and death: 48 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(b) Pneumonia — Interval between onset and death: 48 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(c) Myocardial Infarction — Interval between onset and death: 72 hrs

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

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Yr.):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No): 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

HS-2 (Rev. 1/80)

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 Claudia Francis, Deputy Registrar

Date SEP 22 1982

VOID IF ALTERED

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 20th day of February A.D., 19 86 at 1:21 o'clock P M., and duly recorded in Vol. M86, of Deeds on Page 3007.

Evelyn Biehn, County Clerk

By Pam Smith

FEE $5.00

Return: Pamela A. Dimings Box 535, Keno, Oregon 97627