

76627

B-5075

ID TAG NO.

200

Local File Number

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

Vol. M87

Page 11944

TYPE
OR PRINT
IN
PERMANENT
BLACK
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

DECEASED - NAME		First		Middle		Last		State File Number	
LESLIE		D.		STEWART					
RACE (Specify)		SEX		AGE - Last birthday (years)		Under 1 year		Under 1 day	
3 White		4 Male		5a 76		5b mos. 5c days		5d hours 5e min	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - NAME		IF HOSP. OR INST. Indicate DOA		COUNTY OF DEATH		DATE OF DEATH (month, day, year)	
7a Klamath Falls		7b Klamath Co. Conv. Center		7c Inpatient		7d Klamath		2 May 16, 1987	
STATE OF BIRTH (If not in U.S., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SPOUSE (IF MARRIED, WIDOWED)		DATE OF BIRTH (month, day, year)	
8 Kansas		9 U. S. A.		10 Married		11 Jessie		6 May 26, 1910	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no)			
13 540 - 12 - 3860		14a Farmer - Retired		14b Agriculture		12 No			
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER OR R.F.D.		ZIP	
15a Oregon		15b Klamath		15c Bonanza		15d PO Box 253		97623	
FATHER - NAME		MOTHER - NAME		INFORMANT - NAME and relationship to deceased		18		15e Yes	
16 James Stewart		17 Myrtle Belle Smith		18 Jessie Stewart / Wife					
BURIAL, CREMATION, REMOVAL, MAUS. (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION		CITY OR TOWN		STATE	
19a Cremation		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Or.					
FURNERAL SERVICE LICENSEE or person acting as such		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH			
20a James Stewart		20b WARD'S - 1945 Main - Klamath Falls, Ore. - 97601		21a 5-19-87		21c 1:50 P			
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
21a Kenneth K. Magee, MD / 1900 Main Street / Klamath Falls, Or. / 97601		21b							
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		REGISTRAR							
22a May 19, 1987		22b (Signature) - MARIAN E. ACKERMAN							
23 IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))							
1a1 Cardio-Respiratory arrest		1a2							
1b1 Due to CR AS A CONSEQUENCE OF		1b2							
1c1 Widespread carcinoma of prostate		1c2							
2a1 Anterior cleavage heart disease		2a2							
2b1 No		2b2							
2c1 No		2c2							
2d1 No		2d2							
2e1 No		2e2							
2f1 No		2f2							
2g1 No		2g2							
2h1 No		2h2							
2i1 No		2i2							
2j1 No		2j2							
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