CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

ORS — 146

A1329 ID TAG NO.

328 Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

Item	Entry
1 Deceased — Name (First, Middle, Last)	Bobby Gene STEWART
2 Date of Death (month, day, year)	August 30, 1987
3 Race	White
4 Sex	Male
5a Age — Last birthday (years)	43
5b Under 1 year (mos., days)	
5c Under 1 day (hours, min.)	
6 Date of Birth (month, day, year)	December 9, 1943
7a City, Town or Location of Death	Hwy 140 East
7b Hospital or Other Institution — Name (If not in either, give street and number)	Mile post 29.5
7c If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient (specify)	—
7d County of Death	Klamath
8 State of Birth (If not in U.S.A., name country)	Oklahoma
9 Citizen of What Country	U.S.A.
10 Married, Never Married, Widowed, Divorced (specify)	Divorced
11 Spouse (If married, widowed)	—
12 Was Decedent Ever in U.S. Armed Forces? (specify yes or no)	No
13 Social Security Number	548-56-4570
14a Usual Occupation (Give kind of work done during most of working life, even if retired)	Wood Cutter
14b Kind of Business or Industry	Wood cutting
15a Residence — State	Oregon
15b County	Klamath
15c City, Town or Location	Sprague River
15d Street and Number or R.F.D.	Rt. 1 Box 333
Zip	97639
15e Inside City Limits (specify yes or no)	No
16 Father — Name (first, middle, last)	Bobby Allen Stewart
17 Mother — (first, middle, last) (Maiden Name)	Hattie - Fielder
18 Informant — Name and relationship to deceased	Lori Roberts - daughter
19c Location (city or town, state)	Klamath Falls, Oregon

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

DISPOSITION

Item	Entry
19a Burial, Cremation, Removal, Maus. (specify)	Cremation
19b Cemetery or Crematory — Name	Klamath Cremation Service
20a Funeral Service Licensee or person acting as such (Signature)	[signature]
20b Name and Address of Facility	O'Hair's Funeral Chapel 515 Pine St. Klamath Falls, Ore.

CERTIFIER MEDICAL EXAMINER

CERTIFICATION — MEDICAL EXAMINER
I CERTIFY THAT I MADE INQUIRY INTO THE DEATH OF THE DECEASED PERSON DESCRIBED ABOVE, AND IN MY OPINION DEATH RESULTED ON OR ABOUT:

Item	Entry
21a Death Occurred (Hour)	5:02 P. M
21b The Deceased Was Pronounced Dead (Month, Day, Year, Hour)	Aug. 30, 1987 5:15 P. M
21c From: Natural Causes ☐ Homicide ☐ Accident ☒ Undetermined ☐ Suicide ☐ Pending ☐	Accident
21d Certifier (Signature)	James N Beggs MD
21e Name and Title (Type or Print)	James N. Beggs, MD
21f Medical Examiner For County	Klamath
21g Date Signed (Month, Day, Year)	8/31/87
22a Date Received by Registrar (Mo., Day, Year)	SEP 2 1987
22b Registrar (Signature)	Michelle Ratliff

CAUSE OF DEATH

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

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

PART I

(a) IMMEDIATE CAUSE: Multiple injuries, including Cervical Fracture & Exsanguination — Interval between onset and death:

(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:

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

24 AUTOPSY (Specify Yes or No): No

Item	Entry
25a Date of Injury (Month, Day, Year)	Aug. 30, 1987
25b Hour	5:02PM
25c How Injury Occurred (Enter nature of injury in Part I or Part II, Item 23)	Ejected from back of pickup into oncoming pickup.
25d Inj. at Work (Specify Yes or No)	No
25e Place of Injury — At home, farm, street, factory, office building, etc. (Specify)	Street
25f Location (Street or R.F.D. No., City or Town, County, State)	Hwy. 140 E. near M.P. 29.5 - Klamath Co., Oregon.

DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES ☐ NO ☐ N/A ☒

WAS GIFT MADE? YES ☐ NO ☐ N/A ☒

45-107 Rev. 8-86

RESERVED FOR REGISTRAR'S USE

ORIGINAL--VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE KLAMATH COUNTY REGISTRAR.

DATE ISSUED SEP 2 1987

[signature]
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of ______ the 8th day of September A.D., 19 87 at 9:54 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 16238.

Evelyn Biehn, County Clerk
By [signature]

FEE $5.00

Ret: Lori Roberts 3108 Covina Bakersfield, Ca. 93306