

Return To:

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98596

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CERTIFICATION OF VITAL RECORD

53930
I.D. TAG NO.115
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136-
State File Number

1. DECEDENT'S NAME First: John Middle: H. Last: STOLT		2. SEX M	3. DATE OF DEATH (Month, Day, Year) March 5, 1989
4. SOCIAL SECURITY NUMBER 541-36-9207	5a. AGE - Last Birthday (Years) 90	5b. Under 1 Year Mos. Days Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Sillerud, Sweden
7. DATE OF BIRTH (Month, Day, Year) May 19, 1898		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9b. FACILITY NAME (If not institution, give street and number) Merle West Medical Center	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Tavern Owner		10b. KIND OF BUSINESS/INDUSTRY Tavern	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SPOUSE (If Married, Widowed) Leta	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN, OR LOCATION Klamath Falls	
13c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13d. ZIP CODE 97633	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 3		17. FATHER - NAME first middle last Gustav Adolph Stolt	
18. MOTHER - NAME first middle maiden Marie Stina Swenson		19. INFORMANT - NAME and relationship to decedent Leta L. Stolt, wife	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Eternal Hills Memorial Gardens	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Merrill Reid		21b. LICENSE NUMBER (Of Licensee) 3329	
22. NAME, ADDRESS AND ZIP OF FACILITY O'Hair's Funeral Chapel, Inc. 515 Pine St., Klamath Falls, Ore. 97601		23. DATE FILED (Month, Day, Year) MAR 7 1989	
24. REGISTRAR'S SIGNATURE Marian Ackerman		25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		27. TIME OF DEATH 10:25 P. M. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. TO BE COMPLETED BY CERTIFYING PHYSICIAN 28a. TIME OF DEATH 28b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER 29a. TIME OF DEATH 29b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
30. DATE SIGNED (Month, Day, Year) March 6, 1989		31. DATE SIGNED (Month, Day, Year) COUNTY	
32. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Kenneth K. Magee, M.D., 1900 Main Street, Klamath Falls, Oregon 97601		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.) (a) Due to, OR AS A CONSEQUENCE OF: <u>Coronary Vascular Thrombosis, left middle Cerebral Artery</u> (b) Due to, OR AS A CONSEQUENCE OF: <u>Generalized atherosclerosis</u> (c) Due to, OR AS A CONSEQUENCE OF: <u>Possible early pneumonia</u>			
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I. <u>Possible early pneumonia</u>			
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention			
37. DATE OF INJURY (Month, Day, Year) 41a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
38. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
39. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
40. DESCRIBE HOW INJURY OCCURRED			
41. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

ORIGINAL - VITAL STATISTICS COPY

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45-2 REV. 1-

DATE ISSUED MAR 9 1989

Marian Ackerman
MARIAN ACKERMAN
COUNTY REGISTRAR
KLAMATH COUNTY, OREGON

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Giacomini & Knieps
of March A.D., 19 89 at 4:39 o'clock P.M., and duly recorded in Vol. M89
of Deeds on Page 5345

FEE \$8.00

Evelyn Biehn County Clerk

By Marian Ackerman